

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 171
10/16/2000 01 : 19

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

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 _____
(election type) 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 <u>07/01/2000</u> through <u>09/30/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
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)	187867.00	
(ii) Unitemized	0.00	
(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 / 171
			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 Christopher Copeland 1308 North Romine Urbana IL 61801- 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) 08/02/2000 Amount of Each Receipt this Period 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 200.00
Full Name, Mailing Address, and ZIP Code Charles Baccus 501 North Tamula P.O. Box 797 Mahomet IL 61855- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Date (month, day, year) 09/29/2000 Amount of Each Receipt this Period 350.00
	Occupation Management Aggregate Year-to-Date > \$ 450.00
Full Name, Mailing Address, and ZIP Code Roger James 1507 Northshore Drive Mahomet IL 61853- 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 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00
Full Name, Mailing Address, and ZIP Code Dan Walsh 2087 County Road 1250 North Saint Joseph IL 61873- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Johnson, Frank, Frederick & We Date (month, day, year) 07/07/2000 Amount of Each Receipt this Period 1000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1000.00
Full Name, Mailing Address, and ZIP Code Brian Silverman 2308 Noel Drive Champaign IL 61821- 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) 09/22/2000 Amount of Each Receipt this Period 1000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1000.00
Full Name, Mailing Address, and ZIP Code Ehud Yairi 100 East McHenry Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Illinois Date (month, day, year) 09/05/2000 Amount of Each Receipt this Period 250.00
	Occupation Professor Aggregate Year-to-Date > \$ 300.00
Full Name, Mailing Address, and ZIP Code Tom Hagle 3831 Blanchan Avenue Brockfield IL 60513- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	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 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		4 / 171
		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 Reider Watson 1702 County Road 200 North Villa Grove IL 61856- 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 > \$ 500.00	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Roger Powell 10 Greencroft 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 Physician Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Berl 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 > \$ 200.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Berl 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) 09/29/2000	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 & Commu- leat Occupation Company president Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Stan Weaver 414 North High Cross Road Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation State Senator Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/17/2000	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	5 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Gary Adams 413 Moraine Drive Rantoul IL 61866-		Name of Employer Information Requested		Date (month, day, year) 09/05/2000	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 > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Hugh Gallivan PO Box 648 Urbana IL 61803-		Name of Employer University Construction		Date (month, day, year) 09/30/2000	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 Jim Hagle 713 South Elm Blvd. Champaign IL 61820-5851		Name of Employer Johnson, Frank, Frederick & Wa		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) :		Occupation Attorney			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Lloyd Murphy 715 Lakeshore Drive Tuscola IL 61853-		Name of Employer Tuscola National Bank		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			
Full Name, Mailing Address, and ZIP Code Mike Carroll 710 Lakeshore Drive Tuscola IL 61853-		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Jim Kleiss 505 S Niles Tuscola IL 61853-1983		Name of Employer Edward Jones		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Investment Banker			
		Aggregate Year-to-Date > \$ 550.00			
Full Name, Mailing Address, and ZIP Code Bob Welts 1000 W University Champaign IL 61821-		Name of Employer Stipes Publishing		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) :		Occupation Owner			
		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Lin Warfel 581 County Road 0900 E Tolono IL 61880-9760 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) 09/16/2000	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 61844- 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 Galivan 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	
Full Name, Mailing Address, and ZIP Code Shahid Khan 1102 Wilshire Court Champaign IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Flex N Gate Corp. Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Owner Aggregate Year-to-Date > \$ 1000.00	
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 Shahid Khan 1102 Wilsire 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 1608 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 Seiler 2014 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, Martinus & 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			
Full Name, Mailing Address, and ZIP Code Sam Erwin 2117 Bristol Road Champaign IL 61821-		Name of Employer Erwin, Martinus & Cole Occupation Attorney		Date (month, day, year) 09/26/2000	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 > \$ 610.00			
SUBTOTALS of Receipts This Page (Optional)					
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		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 John Hecker 202 South McKinley Avenue Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Stipes Publishing Occupation Owner Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/27/2000	Amount of Each Receipt this Period 100.00	
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 Dave Parthil 1006 100. Army 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Art Kenney 8 Greencroft 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Allen Everette 4008 Riverhol 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 Harold Moa 2206 Lynwood 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 07/14/2000	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	9 / 171
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation CPA		
	Aggregate Year-to-Date > \$ 1250.00		
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	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
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	Date (month, day, year) 08/06/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Warren Pacey 312 South Cherry PO Box 35 Paxton IL 60857-0035 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 > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Jim Faron 2014 Bymebruk 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) 08/10/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Larry 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 Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Steve Tyler 2204 Misty Meadow Place 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) 08/06/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	10 / 171
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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 Barbara Gilhaus 607 West Fourth Homer IL 61840- 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 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 35.00		
Full Name, Mailing Address, and ZIP Code Norma Jean Teater 1417 Youman Drive Rantoul IL 61866- 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 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 175.00		
Full Name, Mailing Address, and ZIP Code Hoyle Puckett 407 West University Avenue Champaign IL 61820-3944 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Hoyle Puckett 407 West University Avenue Champaign IL 61820-3944 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Hoyle Puckett 407 West University Avenue Champaign IL 61820-3944 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) 09/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Ralph Hamilton 393 Highland Drive Rantoul IL 61866- 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) 06/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Bruce Hannon 1208 West Union 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) 08/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Professor		
	Aggregate Year-to-Date > \$ 250.00		

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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	11 / 171
				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 Bruce Harmon 1208 West Union 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 > \$ 350.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Paul Maginn 1017 Harrington 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Paul Dolins 906 Shurts 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 Chief of Police Aggregate Year-to-Date > \$ 110.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Louis Tracy 903 South Main Street Homer IL 61849- 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 > \$ 25.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Murray Wise 1604D Lyndhurst Drive Savoy IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Westchester Group Occupation Company president 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 John Leon 112 North Oak, # 200 Villa Grove IL 61956- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Optometrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Bruce Larson 506 East Pennsylvania 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 > \$ 100.00	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	12 / 171
				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 Virginia Skelton 29 Greencroft 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 > \$ 45.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code John Goodwine 2201 Valley Brook Drive PO Box 1673 Champaign IL 61824-1673 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 > \$ 1500.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code John Goodwine 2201 Valley Brook Drive PO Box 1673 Champaign IL 61824-1673 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Attorney Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Ed Shlens P.O. Box 2986 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 Accountant Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 75.00		
Full Name, Mailing Address, and ZIP Code Ed Shlens P.O. Box 2986 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 Accountant Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Ed Shlens P.O. Box 2986 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 Accountant Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 375.00		
Full Name, Mailing Address, and ZIP Code Eldon Quick 308 Highland Drive 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) 08/31/2000	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	13 / 171
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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 Emma Mermenga 200 Shelly Drive Thomasboro IL 61878- 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) 08/05/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 55.00		
Full Name, Mailing Address, and ZIP Code Art Tyler 1007 North Oakwood Mahomet IL 61855- 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) 08/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 610.00		
Full Name, Mailing Address, and ZIP Code Art Tyler 1007 North Oakwood Mahomet IL 61853- 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 200.00
	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- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ray Moss and Associates	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 200.00
	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- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ray Moss and Associates	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 400.00		
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	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Consultant		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dan Beechle 1815 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	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 100.00
	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	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Jeff Watson 108 County Road 1700 East Villa Grove IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Russel Derby 1012 Lincolnshire Drive 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) 08/02/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Tom Jones 1205 Theodore 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) 08/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Kevin Olson 2508 Connes Street Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bunny's	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00
	Occupation Bartender		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Russell Law 1410B East Ford Harris Road Urbana IL 61802- 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 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 60.00		
Full Name, Mailing Address, and ZIP Code Tom Sellers 1081 Englewood Rantoul IL 61866- 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 10.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 10.00		
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	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 50.00
	Occupation Administration		
	Aggregate Year-to-Date > \$ 480.00		
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A		ITEMIZED RECEIPTS		15 / 171
		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 Hinesly 2302 South Staley Road Champaign IL 61822- 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 > \$ 175.00	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Carlos McClellan 702 Dodson Drive West Urbana IL 61802- 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 > \$ 150.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Earl Eliot 326 Mary Alice Rantoul IL 61866- 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 > \$ 25.00	Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Lee Anne Dooley 1113 West Hill Urbana 61801- 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 > \$ 50.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Lee Anne Dooley 1113 West Hill Urbana 61801- 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 > \$ 70.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Maurice Taylor 1301 McHerry 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 Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Rodney Schweighart 302 Shamrock Drive PO Box 44 Philo IL 61864- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Philo Exchange Bank Banker Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 08/22/2000	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	16 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Rodney Schweighart 302 Shamrock Drive PO Box 44 Philo IL 61864-	Name of Employer PNIo Exchange Bank	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 125.00		
Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 08/14/2000	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 > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 09/25/2000	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 > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Richard Kamerer 107 West Filmore Philo IL 61864-	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 95.00		
Full Name, Mailing Address, and ZIP Code Richard Kamerer 107 West Filmore Philo IL 61864-	Name of Employer Information Requested	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 120.00		
Full Name, Mailing Address, and ZIP Code J.P. Hancka 56 East Ford Harris Road Champaign IL 61822-	Name of Employer Self	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 25.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Louis Fincham 505 E. Holmes Urbana IL 61801-6735	Name of Employer Self	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 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	17 / 171
				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 Pat Dill 2311 John Drive Urbana IL 61802-		Name of Employer Ray's Heating & Air Occupation Owner		Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 125.00			
Full Name, Mailing Address, and ZIP Code Tom Maudlin 1302 East 500 North Road Cissna Park IL 60924-		Name of Employer Hoopeston Cissna Park Veterinary Occupation Veterinarian		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 Mike Timpona 710 West Florida Urbana IL 61801-		Name of Employer Information Requested Occupation Information Requested		Date (month, day, year) 07/21/2000	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 Thomas Jordan 2305 Scottsdale Champaign IL 61821-		Name of Employer Daily & Assoc., Engineers, Inc Occupation Information Requested		Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Keith Kesler 2195 County Road 1900 East Urbana IL 61802-		Name of Employer Requested Info Occupation Information Requested		Date (month, day, year) 08/25/2000	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 > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Chuck Rutan 3306 Summerview Lane Champaign IL 61821-		Name of Employer Information Requested Occupation Information Requested		Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Keith Ongman 106 West Clyde Street, P.O. Box 11 Fairmount IL 61841-		Name of Employer Information Requested Occupation Retired		Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 70.00			
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 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Carl Collins 2625 East US Highway 36 Newman IL 61842- 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 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
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	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		
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	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Grant Conibear 220 North Sangamon Avenue Gibson City IL 60836- 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) 09/20/2000	Amount of Each Receipt this Period 200.00
	Occupation Pharmacist		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code C.F. Byrnes 2903 Blair Dr. Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer A-1 Alarms	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Joe Brown 413 Indian Hills Rantoul IL 61866- 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) 09/06/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 300.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 350.00		
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 / 171
					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 Paul Luedtke 2206 Combes Urbana IL 61801-		Name of Employer Information Requested		Date (month, day, year) 08/28/2000	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 > \$ 110.00			
Full Name, Mailing Address, and ZIP Code Edward Schmidt 901 Parkland Court Champaign IL 61821-		Name of Employer Information Requested		Date (month, day, year) 08/21/2000	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			
Full Name, Mailing Address, and ZIP Code Larry Craig 1018 West Charles Champaign IL 61821-		Name of Employer Information Requested		Date (month, day, year) 09/22/2000	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 > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Linda Bauer 709 East Scovill Urbana IL 61801-		Name of Employer Cola Tech. Inc.		Date (month, day, year) 09/26/2000	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 Software Support			
		Aggregate Year-to-Date > \$ 175.00			
Full Name, Mailing Address, and ZIP Code Lisa Jean Eichelberger 3110 Meadowbrook Drive Champaign IL 61822-6149		Name of Employer Information Requested		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) :		Occupation Retired			
		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Chel Zych 1617 Sangamon Drive Champaign IL 61821-		Name of Employer University of Illinois		Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Administrator			
		Aggregate Year-to-Date > \$ 30.00			
Full Name, Mailing Address, and ZIP Code Samuel McGraw 39 South Pickett Drive Fisher IL 61843-		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Educator			
		Aggregate Year-to-Date > \$ 25.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		20 / 171
		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 Ron Haring 1811 Winchester 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 > \$ 100.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 100.00	
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 Ron Black 1801 C 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 Occupation Retired Veteran Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Ron Black 1801 C 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 Occupation Retired Veteran Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00	
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 Alois Zvettler 218 East Sherwin Drive 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 > \$ 200.00	Date (month, day, year) 08/16/2000	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	21 / 171
				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 Mike Shannon 2802 Myra Ridge Drive Urbana IL 61802-	Name of Employer Carte Clinic Association Occupation Med Tech Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 08/25/2000	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 Ted Rund P.O. Box 478 Tuscola IL 61955-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
Full Name, Mailing Address, and ZIP Code Emil Kucera 2304 North Third Champaign IL 61822-	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
Full Name, Mailing Address, and ZIP Code Emil Kucera 2304 North Third Champaign IL 61822-	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 70.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
Full Name, Mailing Address, and ZIP Code Emil Kucera 2304 North Third Champaign IL 61822-	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 90.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
Full Name, Mailing Address, and ZIP Code Jim Upchurch 309 Wabash Avenue Mattoon IL 61938-	Name of Employer Upchurch & Associates Occupation Civil Engineer Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/15/2000	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 Lyla Grace 2002 East Leverett Road Urbana IL 61802-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		22 / 171
		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 PNI O'Conner 29 South LaSalle, Suite 900 Chicago IL 60603- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer New Energy Midwest Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 100.00	
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 Occupation Physician 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 Woody Iles 915 North Walnut Lane Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Woody Iles Enterprises Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Bill Brinkmann 801 Hamilton Drive Champaign 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 > \$ 75.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Mike Martin 1806 Fox Drive Champaign 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 > \$ 100.00	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Bill McCarly 205 East Scott Tuscola IL 61955- 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) 09/15/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Tom Yazdey 1608 West Harrington 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 Information Requested Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 20.00	
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	23 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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) 08/27/2000 Amount of Each Receipt this Period 500.00	Occupation Dentist Aggregate Year-to-Date > \$ 500.00	
	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	
	Name of Employer Information Requested Date (month, day, year) 07/21/2000 Amount of Each Receipt this Period 100.00		
	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Rod Plackett 448 East Summer Paxton 60957- 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 100.00	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	
	Name of Employer State Farm Date (month, day, year) 06/02/2000 Amount of Each Receipt this Period 1000.00		
	Occupation Management Aggregate Year-to-Date > \$ 1000.00		
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 Requested Info Date (month, day, year) 08/02/2000 Amount of Each Receipt this Period 100.00	Occupation Information Requested 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	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 171
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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 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 Earl Creutzburg 2302 Brookens Circle Urbana IL 61801-6619 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Date (month, day, year) 09/25/2000 Amount of Each Receipt this Period 25.00
	Occupation Professor Aggregate Year-to-Date > \$ 25.00
Full Name, Mailing Address, and ZIP Code Dennis Wandell 1167 County Road 2400 East Saint Joseph IL 61875- 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 Maurice Duitsman 605 Glenwood Drive Rantoul IL 61866-2207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Central Illinois Bank Date (month, day, year) 06/24/2000 Amount of Each Receipt this Period 100.00
	Occupation VP Aggregate Year-to-Date > \$ 200.00
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

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 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Tom Hays 1808B Glenwood Oaks Court 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 Certified Public Accountant Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00		
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. Occupation Attorney Aggregate Year-to-Date > \$ 288.00	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 149.00		
Full Name, Mailing Address, and ZIP Code Mark Cyruik P.O. Box 281 Clinton IL 61727- 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) 07/14/2000	Amount of Each Receipt this Period 100.00		
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 Occupation Consultant Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Betty Jones 651 North County Road 000E 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 Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Dr. Douglas Matzner 4508 Copper Ridge Road Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Chiropractic Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 100.00		
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 Occupation Attorney Aggregate Year-to-Date > \$ 310.00	Date (month, day, year) 08/16/2000	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	26 / 171
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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 Faaster 1329 Bradford Rantoul IL 61866- 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 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 110.00		
Full Name, Mailing Address, and ZIP Code J.R. Borders 725 North Market Hoopston IL 60942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Danville Correctional Center	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00
	Occupation Supply supervisor		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Norris Lefler 3 Colony West Drive 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) 09/06/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Norris Lefler 3 Colony West Drive 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) 09/26/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Roger Little 626 East Sangamon Rantoul 61866- 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) 09/06/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 75.00		
Full Name, Mailing Address, and ZIP Code Charles Hedrick 2775 County Road 2700N Penfield IL 61862- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Rick Lovett 403 East South Mahomet Road Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Silver Machine Shop	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00
	Occupation Welder		
	Aggregate Year-to-Date > \$		
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 / 171
				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 Gene Math's 3522 Fandale Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 40.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 80.00					
Full Name, Mailing Address, and ZIP Code Bill Stevenson 1420 Sherman Danville IL 61832-	Name of Employer Information Requested	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 Retired				
Aggregate Year-to-Date > \$ 150.00					
Full Name, Mailing Address, and ZIP Code Stephen Liehr 2 Chelsea Court Bourbonnais IL 60914-1501	Name of Employer Kankakee Community College	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Instructor				
Aggregate Year-to-Date > \$ 20.00					
Full Name, Mailing Address, and ZIP Code John Branz 198 Jeanette Street PO Box 575 Herscher IL 60941-	Name of Employer Kankakee Federal	Date (month, day, year) 09/07/2000	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 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-	Name of Employer Kankakee Federal	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) :	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-	Name of Employer Kankakee Federal	Date (month, day, year) 09/25/2000	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 Branch Manager				
Aggregate Year-to-Date > \$ 300.00					
Full Name, Mailing Address, and ZIP Code Garold Weinard 40174 N. 1830 East Road Hoopston IL 60942-6042	Name of Employer Self-employed	Date (month, day, year) 09/29/2000	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 Farmer				
Aggregate Year-to-Date > \$ 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	28 / 171
				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 Homer Bash 1414 Waverly Drive Champaign IL 61821-5004 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 > \$ 75.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code R.W. Lamkin 2205 Roland 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 Information Requested Aggregate Year-to-Date > \$ 85.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 50.00		
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 Occupation Retired Aggregate Year-to-Date > \$ 510.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Jerry Wulson 2703 McGraw Drive, Suite 2 Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Integrity Financial Group Occupation Owner Aggregate Year-to-Date > \$ 70.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 20.00		
Full Name, Mailing Address, and ZIP Code Joseph Fisher 2006 Bentbrook 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 District Sales 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 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 Occupation District Sales 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 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 Occupation Controller Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/11/2000	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	29 / 171
				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 Terry Holleran 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 Occupation Compliance 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 Shawn Foley 2109 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 Occupation Impact Account 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 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 Occupation General Manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code J.D. Lynch 359 East Mulberry Street Watseka IL 60870- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Incoquis Paving Occupation Road Contractor Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code J.D. Lynch 339 East Mulberry Street Watseka IL 60870- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Incoquis Paving Occupation Road Contractor Aggregate Year-to-Date > \$ 1750.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 250.00		
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 Occupation Executive Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Helen Appleton 2325 W. White Oaks Dr Springfield IL 62704- 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 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	30 / 171
				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 William P. Hewerdine 414 East Grove Rantoul 61866- 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 > \$ 100.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 50.00		
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 Robert Bash P.O. Box 506 Champaign IL 61824- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bash Heating and Air Cond- ition Occupation Owner Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Harlan Hosch 1616 Bowman Avenue Danville IL 61832- 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 > \$ 140.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Harlan Hosch 1616 Bowman Avenue Danville IL 61832- 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 > \$ 180.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00		
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 / 171
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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 Gerald Rodeen P.O. Box 48 Peaton IL 60957-	Name of Employer Self-employed	Date (month, day, year) 07/11/2000	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 > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Kathy Keith 5th Hettinger Court Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 120.00	
Full Name, Mailing Address, and ZIP Code Kathy Keith 5th Hettinger Court Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 140.00	
Full Name, Mailing Address, and ZIP Code John Young 1918 David Drive Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 40.00	
Full Name, Mailing Address, and ZIP Code Robert S. Hinton 3221 County Road 200 East Fossland IL 61845-	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	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 Information Requested	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Betty Clark 1504 South Vine Street Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 30.00	
Full Name, Mailing Address, and ZIP Code Zalema Harris 7 Briar Hill Circle Champaign IL 61822-	Name of Employer Parkland College	Date (month, day, year) 07/31/2000	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 President	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		32 / 171
		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 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 > \$ 800.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00	
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 > \$ 800.00	Date (month, day, year) 09/29/2000	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 > \$ 599.00	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Elizabeth Collins 2515 Fields South Drive Champaign IL 61822- 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 > \$ 45.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 20.00	
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 Carle Clinic Occupation Physician Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Donald Biefeldt P.O. Box 6 Anchor IL 61720-0006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Insurance Sales Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Edmund Rojak 1901 A 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 Occupation Retired Aggregate Year-to-Date > \$ 15.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 5.00	
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 / 171
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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 Gross 103 South Oak Buckley IL 60818- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 60.00		
Full Name, Mailing Address, and ZIP Code Charles Adams 21 Saint Andrews Mattoon IL 61938- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Howell Asphalt	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation Road Contractor		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code W. Michael McCreary P.O. Box 127 Mason City IL 62664- 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 Lobbyist		
	Aggregate Year-to-Date > \$ 850.00		
Full Name, Mailing Address, and ZIP Code Warren Miles 402 Crestwood Drive Saint Joseph IL 61873- 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) 09/25/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Barbara Butler 401 South Water Street Saint Joseph IL 61873-059 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer St. Joseph Township	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 25.00
	Occupation Supervisor		
	Aggregate Year-to-Date > \$ 35.00		
Full Name, Mailing Address, and ZIP Code Ervin Kamm 650 North County Road 125 East Abwood IL 61913-9854 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) 06/02/2000	Amount of Each Receipt this Period 10.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Nancy Metlam 9 Mc Kee Danville IL 61832- 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) 09/27/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 75.00		
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	34 / 171
				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 Richard Keelin 2708 Barnlea 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 Information Requested Aggregate Year-to-Date > \$ 120.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Larry Wurl 1128 Klein Avenue 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 Information Requested Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Darrel Ruch 308 North Jefferson, Box 332 Mahomet IL 61853- 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 > \$ 110.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Clarence Thompson 911 B Cheshire 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Ed Reese 16976 East 2690 North Road Danville IL 61834- 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 > \$ 30.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00		
Full Name, Mailing Address, and ZIP Code Charles Hendrix 909 South Foley Champaign IL 61820- 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 > \$ 55.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code James Jones 806 County Road 2400 North Champaign IL 61822- 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 > \$ 200.00	Date (month, day, year) 08/31/2000	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	35 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Anna Wall Scott 308 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	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Professor		
	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Robert Hill 513 Rosewood PO Box 94 Saint Joseph IL 61875- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 75.00		
Full Name, Mailing Address, and ZIP Code James Bristow 1805 Meadow Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 100.00
	Occupation Sales		
	Aggregate Year-to-Date > \$ 120.00		
Full Name, Mailing Address, and ZIP Code Roger Gronewald 2580 County Road 2000 East Urbana IL 61802- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 60.00		
Full Name, Mailing Address, and ZIP Code Alan Balts 804 East Northline Road Tuscola IL 61955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arcola Apothecary	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00
	Occupation Pharmacist		
	Aggregate Year-to-Date > \$ 120.00		
Full Name, Mailing Address, and ZIP Code Roseann Clifford 2008 Sunview 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) 09/30/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
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	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 350.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		36 / 171
		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 Brian McPheters 2704 Prairie Meadow Drive Champaign IL 61822- 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 > \$ 130.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Joan Garretson 613 Meadows Court 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 > \$ 35.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Marvelle Fox 1519 Ivanhoe Way 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 Information Requested Aggregate Year-to-Date > \$ 85.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Dale Grothe 1432 Kenneth Drive 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 > \$ 75.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Dale Grothe 1432 Kenneth Drive 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 > \$ 125.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code David Hunter 2511 Bedford Drive Champaign IL 61820- 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 > \$ 85.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code John Jay 225 County Road 1000 North Seymour IL 61875- 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 > \$ 200.00	Date (month, day, year) 09/29/2000	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	37 / 171
			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 Ken Bjelland R. R. 1, Box 172 Maroa IL 61756- 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 > \$ 75.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Camilo Sartie R. R. 2, Box 45 Clinton IL 61727- 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 > \$ 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code William Harmon 3504 Cambridge Court, Apt. 102 Danville IL 61832- 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 > \$ 50.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Orville Bentley 2030 Bentbrook Drive Champaign IL 61822-9221 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 > \$ 45.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Elias Mendoza 361 West Champaign Avenue 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 Information Requested Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Elias Mendoza 361 West Champaign Avenue 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 Information Requested Aggregate Year-to-Date > \$ 85.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Ralph Kehl 1210 South Oak Creek Road Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Canta Clinic Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/19/2000	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		38 / 171
		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 Mary Kolb Windsor Court, Apt. 207 Savoy IL 61874-	Name of Employer Information Requested	Date (month, day, year) 08/18/2000	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 > \$ 75.00		
Full Name, Mailing Address, and ZIP Code Martha Melman 20 Locust Road Winnetka IL 60093-	Name of Employer Information Requested	Date (month, day, year) 08/21/2000	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 Homemaker	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	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code Joe Sanders 215 East 11th Street Georgetown IL 61846-	Name of Employer Information Requested	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Terry Ferguson RR 3, Box 205 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	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 Farmer	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Steve Ayers 32 Foothill Rd. Monticello IL 61856-	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 Farmer	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Earl Anderson 417 Maple Ave. Minonk IL 61760-	Name of Employer N/A	Date (month, day, year) 07/07/2000	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 Retired	Aggregate Year-to-Date > \$ 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	39 / 171
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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 Joseph Cowan 8 Blackberry Ct. Watska IL 60970- 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 Edwin Pool 11703 IL Hwy. 1 Paris IL 61944-8309 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 Retailer		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ivan Bul 4004 Fairhills Dr. 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) 09/25/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Betty Volgtlander 802 W. Pennsylvania Ave. 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) 09/18/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code George Dunn 301 N. John St. Farmer City IL 61842- 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) 09/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Catherine Emanuel 2407 Branch Rd. 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) 09/01/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code James Finnegan 201 Imperial Dr. 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) 07/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	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	Use separate schedule(s) for each category of the Detailed Summary Page	40 / 171
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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 Roger Huddleston 1102 Beaver Creek Ln. Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Huddleston Homes Date (month, day, year) 08/20/2000 Amount of Each Receipt this Period 500.00	Aggregate Year-to-Date > \$ 500.00
	Occupation Owner	
	Name of Employer Information Requested Date (month, day, year) 08/14/2000 Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Robert Lee 995 Country Rd. 2500 E Homer IL 61849-9731 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	Aggregate Year-to-Date > \$ 250.00
	Occupation Retired	
	Name of Employer B & M machine Date (month, day, year) 07/31/2000 Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Margaret Martin 1989 E. 1950 North Rd. Watseka IL 60970-1727 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer B & M machine Date (month, day, year) 07/31/2000 Amount of Each Receipt this Period 200.00	Aggregate Year-to-Date > \$ 200.00
	Occupation Owner	
	Name of Employer Information Requested Date (month, day, year) 08/02/2000 Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Stanley Ommen 2211 Foxfall 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	Aggregate Year-to-Date > \$ 250.00
	Occupation Retired	
	Name of Employer Self Date (month, day, year) 07/21/2000 Amount of Each Receipt this Period 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	Aggregate Year-to-Date > \$ 250.00
	Occupation Information Requested	
	Name of Employer Self Date (month, day, year) 08/22/2000 Amount of Each Receipt this Period 750.00	
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	Aggregate Year-to-Date > \$ 1000.00
	Occupation Information Requested	
	Name of Employer Information Requested Date (month, day, year) 08/17/2000 Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Robert Raardon 4 Northcrest 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	Aggregate Year-to-Date > \$ 850.00
	Occupation Retired	
	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 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code T. Alan Russell 8 Waters Edge Dr. Paris IL 61944-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code T. Alan Russell 8 Waters Edge Dr. Paris IL 61944-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Ron Steidinger 122 Walnut Forrest IL 61741-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code John Ady 2301 Scottsdale Champaign IL 61822-	Name of Employer Information Requested	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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 James Ayers 114 S Charter Street Monticello IL 61856-	Name of Employer Shonkewiler, Ayers & Rhoades	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 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 John Shannon 405 Glenn Drive Urbana IL 61802-	Name of Employer Information Requested	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 30.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Michael Henneman 1001 Wilshire Court Champaign IL 61821-	Name of Employer Henneman Raufelsen	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
	Occupation Architect		
	Aggregate Year-to-Date > \$ 2000.00		
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	42 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
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 Occupation Day Care Provider Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Harold Dorsett 1021 Forestview 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Thomas Eckols RR 13 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Lynda Fishel 510 South Elm Arcola IL 61810- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Mayor of Arcola Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Drew Hoel 823 Lakeshore Drive Tuscola IL 61955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Tuscola City Administrator Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Thomas Heriz 109 Robinwood Dr. Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Enerstar Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/31/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Carol Gulley PO Box 127 Cisco IL 61830- 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 > \$ 140.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00		
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 Dale Campbell 1205 Kirkwood Drive 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 Retired Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Joseph Somerset 425 Main Street Franklin IL 62838- 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) 07/16/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Linda Stockton 19 Brampton 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 Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00
Full Name, Mailing Address, and ZIP Code Leonard Tobey 507 Pilot Drive Herscher IL 60841- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tobey Construction Occupation Information Requested Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code King Sulton E 600 Court Street Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sulton & 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
Full Name, Mailing Address, and ZIP Code King Sulton E 600 Court Street Paris IL 61944- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sulton & 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
Full Name, Mailing Address, and ZIP Code Arthur Danforth 430 N. Third P.O. Box 87 Cissna Park IL 60924- 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 > \$ 95.00	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	44 / 171
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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 Gwendolyn Dooley 410 Ralph Street Watseka IL 60970- 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 25.00	Aggregate Year-to-Date > \$ 45.00
	Occupation Retired	
	Full Name, Mailing Address, and ZIP Code Gwendolyn Dooley 410 Ralph Street Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	
Occupation Retired	Aggregate Year-to-Date > \$ 55.00	
Full Name, Mailing Address, and ZIP Code Doug Seimer 5944 E 2300 North Road Fithian IL 61844- 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 100.00	Aggregate Year-to-Date > \$ 200.00
	Occupation Information Requested	
	Full Name, Mailing Address, and ZIP Code Norma Baker 505 N. Grove St. Rural Route 1, Box 22 Coffey IL 61728- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	
Occupation Retired	Aggregate Year-to-Date > \$ 35.00	
Full Name, Mailing Address, and ZIP Code Iona Scheive 734 E. 1000 N. Rd Buckley IL 60916- 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 50.00	Aggregate Year-to-Date > \$ 100.00
	Occupation Retired	
	Full Name, Mailing Address, and ZIP Code Susan Kloth 2610 Willoughby Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	
Occupation Information Requested	Aggregate Year-to-Date > \$ 45.00	
Full Name, Mailing Address, and ZIP Code Thomas Harrington P.O. Box 140 Champaign IL 61826- 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	Aggregate Year-to-Date > \$ 1000.00
	Occupation Real Estate	
	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 / 171
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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 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 Steve Carmichael 2502 Applewood Road Champaign IL 61821-	Name of Employer Pulmocare Medical Supply Occupation Owner Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
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) :					
Full Name, Mailing Address, and ZIP Code Ronald Warfield 367 700 E Rd Gibson City IL 60936-	Name of Employer Information Requested Occupation Farmer Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :					
Full Name, Mailing Address, and ZIP Code Frank Feigl 21 Concord Drive Lexington IL 61753-	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 100.00	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) :					
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	46 / 171
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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 Frank Feig 21 Concord Drive Lexington IL 61753-		Name of Employer Information Requested		Date (month, day, year) 08/30/2000	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 Retired			
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Robert Borifas 1100 Church Road Aurora IL 60505-		Name of Employer Alarm Detection Systems		Date (month, day, year) 07/11/2000	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 Robert Borifas 1100 Church Road Aurora IL 60505-		Name of Employer Alarm Detection Systems		Date (month, day, year) 08/15/2000	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 > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Robert Darnell 300 Fairman Ave. Watseka IL 60870-		Name of Employer retired		Date (month, day, year) 07/27/2000	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 lawyer			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Robert Darnell 300 Fairman Ave. Watseka IL 60870-		Name of Employer retired		Date (month, day, year) 09/25/2000	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 lawyer			
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Dennis Hopkins 2 Kings Turn Bourbonnais IL 60914-1823		Name of Employer State of Illinois		Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation psychologist			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Richard Burwash 401 Burwash Avenue Apt. 317 Savoy IL 61874-		Name of Employer Self-employed		Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Farmer			
		Aggregate Year-to-Date > \$ 549.00			
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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 William Libman 818 Dodds 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	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00
	Occupation Partner		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 500.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Lary Kanfer PO Box 6555 Champaign IL 61826- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
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	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jon Stewart 607 La Sel 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	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 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.	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 2000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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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 William Froom 1402 Waverly Drive 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) 08/02/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 60.00		
Full Name, Mailing Address, and ZIP Code E.J. Hynds 605 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.	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 200.00
	Occupation Engineer/CEO		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code E.J. Hynds 608 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.	Date (month, day, year) 08/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Engineer/CEO		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Randy Patchett Rt. 1, P.O. Box 780 Marion IL 62859- 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) 08/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Nicole Storch 2211 North Barker 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	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Shirley Furtney 1712 S. Duncan Rd 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) 07/31/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
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	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 400.00		
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	49 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Gwan Ehnen 2 Meridian Terrace Peaton IL 60957- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Florida & Associates	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Dr. Richard Bianco 2401 High Meadow Ln. Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Chrisite Clinic	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 200.00
	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Sheila Busboom 506 East Main Royal IL 61871- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Busboom Investments	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Carol Sutton RR 1, Box 34 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) 08/02/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00	
Full Name, Mailing Address, and ZIP Code John and Lucil Dobson 703 W. Healey 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) 08/19/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
	Occupation Laboratory technician	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code Dorothy Saxon PO Box 535 Kansas IL 61933-0535 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 > \$ 100.00	
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	50 / 171
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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 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 2209 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		
Full Name, Mailing Address, and ZIP Code Steve LaBarge 14162 Jean Trace Bloomington IL 61704- 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) 08/02/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Stanley Weber RR 2 Chenoa IL 61726- 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 > \$ 50.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 50.00		
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A		ITEMIZED RECEIPTS		51 / 171
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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 Richard Thompson 627 E. Main 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) 08/02/2000	Amount of Each Receipt this Period 200.00	
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. Loveridge 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 16 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 Flatlander 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 Nancy Brechnitz 70 Clubview Place Decatur IL 62521- 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 > \$ 100.00	Date (month, day, year) 08/02/2000	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	52 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Julia McCarthy 3118 Ridgecrest Drive 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 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 100.00		
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	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00
	Occupation Realtor		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Chester Henry 910 N. East La Roy IL 61752- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Ralph Endress 309 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 Mary Ann Dillman 605 E. Walnut Street Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer City of Bloomington	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	53 / 171
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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 Joan Capodice 8 Sunset Road Bloomington IL 61701-	Name of Employer Information Requested	Date (month, day, year) 07/31/2000	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 Physician				
Aggregate Year-to-Date > \$ 100.00					
Full Name, Mailing Address, and ZIP Code John W. Parrott 3316 Monterey Road Bloomington IL 61704-2920	Name of Employer Parrott & Associates	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	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-	Name of Employer IL State Rifle Association	Date (month, day, year) 07/31/2000	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 Dorothy Collins 503 McGee Road Urbana IL 61802-	Name of Employer Self	Date (month, day, year) 07/31/2000	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 Dorothy Collins 503 McGee Road Urbana IL 61802-	Name of Employer Self	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) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code Thomas Ocheltrae 9 Tami Court Bloomington IL 61701-	Name of Employer Self-employed	Date (month, day, year) 07/31/2000	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 Physician				
Aggregate Year-to-Date > \$ 400.00					
Full Name, Mailing Address, and ZIP Code Thomas Ocheltrae 9 Tami Court Bloomington IL 61701-	Name of Employer Self-employed	Date (month, day, year) 09/26/2000	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 Physician				
Aggregate Year-to-Date > \$ 900.00					
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 / 171
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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 Nielsen 2801 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 Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code David Usiak 1704 Rockingham 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 Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code William Kuhna 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 Kuhna Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 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. Occupation Information Requested 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 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 Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 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 Occupation Information Requested 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 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 Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/27/2000	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	55 / 171
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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 Carol Shiers PO Box 2888 Station A Champaign IL 61820-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Carol Shiers PO Box 2888 Station A Champaign IL 61820-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	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 Edmund Ligman 2 Brompton Court Bloomington IL 61704-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 400.00
	Occupation Physician		
	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 Albin PO Box 377 Newman IL 61842-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Farmer		
	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 Marjorie Albin PO Box 377 Newman IL 61842-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Farmer		
	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 Leonard Rich 25800 Sunset Lane Hudson IL 61748-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	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 Michael Lynch 100 S. Fourth Street Box 303 Watseka IL 60970-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Insurance Broker		
	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)			
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	56 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Robert Dooley 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 A.G.Edwards	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 750.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1000.00		
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 18 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 Wilbur Stocking 2112 Crossgate 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) 08/02/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 125.00		
Full Name, Mailing Address, and ZIP Code Wilbur Stocking 2112 Crossgate 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) 09/26/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Paul Sunderland 382B Country Road 2600N Mahomet IL 61853- 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 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	57 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Michael Davidson 2114 Hackenberry Bloomington IL 61704-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mark Petty 111-113 E. Main Street Arcola IL 61910-	Name of Employer Information Requested	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 200.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Edward Vogelsinger 1314 Crown Court Bloomington IL 61704-9000	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Edward Vogelsinger 1314 Crown Court Bloomington IL 61704-9000	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Wendy Cannell 2107 Foxtail Road Bloomington IL 61704-	Name of Employer Koth & Cannell	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 200.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Keith Kattner 115 S. Belmont Road Bloomington IL 61701-	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		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Ralph Klopfenstein 612 Fairway Drive, #6 Bloomington IL 61701-	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		
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	58 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Jerad Hooker 29 Cypress Drive Clinton IL 61727- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Liason Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Jerad Hooker 29 Cypress Drive Clinton IL 61727- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Liason Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00
Full Name, Mailing Address, and ZIP Code Jesse Smart 2813 Pheasant Run Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Smart Seeds, Inc. Occupation Owner 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 Paul Schroeder 915 Bonnie Bree River Forest IL 60305- 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 > \$ 350.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Hugh Van Voorst 201 Center Street Box 37 Union Hill IL 60969- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Van Voorst Farms Occupation Information Requested 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 Vincent Trosino RR 16 Box 538 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 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 Carl Schrof 2205 Hedgewood Drive Bloomington IL 61704- 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 > \$ 400.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00
SUBTOTALS of Receipts This Page (Optional)			
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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 Joann Lignan 2 Brompton Ct. 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 > \$ 100.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Greg Rackauskas 305 N. Linden Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Dentist Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code P.A. (Sue) Berglund 1019 E. Olive Street Bloomington IL 61701- 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 > \$ 125.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code John Frisch 21 Country Club 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 Retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 400.00	
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 Attorney 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 Kathy Michael 110 Diane Lane PO Box 184 Lexington IL 61755- 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 > \$ 125.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 125.00	
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 Information Requested DPS Services, Inc. President 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)				
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Roger Joslin 2001 E. Cloud Bloomington IL 61701-	Name of Employer State Farm Occupation Information Requested	Date (month, day, year) 08/04/2000	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 Tom Jacob 1701 Clearwater Bloomington IL 61704-	Name of Employer Information Requested Occupation Attorney	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) :	Aggregate Year-to-Date > \$ 350.00				
Full Name, Mailing Address, and ZIP Code Bill Brady PO Box 88C Bloomington IL 61701-	Name of Employer Information Requested Occupation Real estate broker	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) :	Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code Bill Calsley 401 W. Summit Street Normal IL 61761-1264	Name of Employer Information Requested Occupation Judge	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) :	Aggregate Year-to-Date > \$ 525.00				
Full Name, Mailing Address, and ZIP Code Gordon Ropp RR 8, Box 75 Normal IL 61701-	Name of Employer Information Requested Occupation Retired	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) :	Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code Roger Tompkins 1911 Redbud Lane Bloomington IL 61704-	Name of Employer State Farm Occupation 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) :	Aggregate Year-to-Date > \$ 500.00				
Full Name, Mailing Address, and ZIP Code John Walther 111 Rust, #107 Bloomington IL 61701-	Name of Employer State Farm Occupation Systems Analyst	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) :	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	61 / 171
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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 John Goldrick 145 Manor Circle Bloomington IL 61704-	Name of Employer Self-employed Occupation Consultant Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/04/2000	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 Jon Glick PO Box 653 1005 Marshall Street Paris IL 61944-	Name of Employer Indiana State University Occupation Accountant Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/04/2000	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 Jon Glick PO Box 853 1005 Marshall Street Paris IL 61944-	Name of Employer Indiana State University Occupation Accountant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/23/2000	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 Dennis Millions 2000C N. Springview Drive Kankakee IL 60801-	Name of Employer Riverside Healthcare Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	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) :					
Full Name, Mailing Address, and ZIP Code Mid-State Industries 908 Bob King Drive PO Box 68 Arcola IL 61910-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	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) :					
Full Name, Mailing Address, and ZIP Code John North 3207 Leafy Lane Bloomington IL 61704-	Name of Employer State Farm Occupation VP Aggregate Year-to-Date > \$ 1000.00	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) :					
Full Name, Mailing Address, and ZIP Code Winifred Feken 2027 Ireland Grove Road Bloomington IL 61704-	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		
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	62 / 171
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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 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	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation Financial Planner		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Gayle Dushman 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	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Susie Johnson PO Box 3636 Bloomington IL 61702-3636 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
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	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Veterinarian		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code William Barlusek 801 W. Wood Street Bloomington IL 61701-6445 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Dale Slassheim RR 1, Box 179 Hudson IL 61748- 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) 08/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Healthcare Administrator		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Lafferty & Associates 308 W. Hill PO Box 463 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
SUBTOTALS of Receipts This Page (Optional)			
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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 Norman Wingler 2007 Benjamin Lane 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Thomas Malec 3322 Stoneybrook 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Gary Elliott RR 1 Box 20 Cropsey IL 61731- 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Darrin Flessner 2108 Country Road 2300 N Saint Joseph IL 61873- 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Tim Norman RR 2, Box 253 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) 08/19/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Perry Klopfenstein 212 W. 8th Street 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) 08/10/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Joe Warner 12 Kant 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	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		

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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 Lary Absheer 442 Saddlespur Road Saint Louis MO 63110- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Missouri Athletic Club Date (month, day, year) 08/10/2000 Amount of Each Receipt this Period 150.00	Occupation Information Requested Aggregate Year-to-Date > \$ 150.00
	Occupation Banker Aggregate Year-to-Date > \$ 250.00	
	Name of Employer First State Bank Date (month, day, year) 08/10/2000 Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Steve Timmermann RR 1, Box 487 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 400.00	Occupation Retired Aggregate Year-to-Date > \$ 400.00
	Occupation Retired Aggregate Year-to-Date > \$ 15.00	
	Name of Employer Information Requested Date (month, day, year) 08/10/2000 Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code Richard Ourni 722 E. Grove Rantoul IL 61866- 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 100.00	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	
	Name of Employer Eagle Wing Ind. Date (month, day, year) 08/10/2000 Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Richard McFadden 316 N. Park Gifford IL 61847- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Eagle Wing Ind. Date (month, day, year) 08/22/2000 Amount of Each Receipt this Period 25.00	Occupation Maintenance Supervisor Aggregate Year-to-Date > \$ 75.00
	Occupation Maintenance Supervisor Aggregate Year-to-Date > \$ 75.00	
	Name of Employer Eagle Wing Ind. Date (month, day, year) 08/22/2000 Amount of Each Receipt this Period 25.00	
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	65 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Richard McFadden 315 N. Park Gifford IL 61847- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Eagle Wing Ind.	Date (month, day, year) 08/27/2000	Amount of Each Receipt this Period 20.00
	Occupation Maintenance Supervisor		
	Aggregate Year-to-Date > \$ 5 55.00		
Full Name, Mailing Address, and ZIP Code Gordon Rice 6316 US Rt. 136 Potomac IL 61865- 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 5 50.00		
Full Name, Mailing Address, and ZIP Code Jerry Phelps 305 S. Jacobsen Drive Thomasboro IL 61878-9698 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5 25.00		
Full Name, Mailing Address, and ZIP Code Tom Kerr Box 341 Pontiac IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00
	Occupation Prison Guard		
	Aggregate Year-to-Date > \$ 5 100.00		
Full Name, Mailing Address, and ZIP Code Tom Kerr Box 341 Pontiac IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00
	Occupation Prison Guard		
	Aggregate Year-to-Date > \$ 5 150.00		
Full Name, Mailing Address, and ZIP Code John Smith 906 Hastings Drive Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Smith Farm Management	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
	Aggregate Year-to-Date > \$ 5 250.00		
Full Name, Mailing Address, and ZIP Code Jim Bel RR 3, Box 502 Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5 400.00		

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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	66 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Marilyn Hetz 1520 Julia Drive 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code David Reynolds 624 Normal Avenue Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dansig Group Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00		
Full Name, Mailing Address, and ZIP Code Harry Hall RR 3, Box 127 Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Liaison Aggregate Year-to-Date > \$ 850.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00		
Full Name, Mailing Address, and ZIP Code Kim Brunner 4 Smokey 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 Occupation Attorney 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 Steven Nemerovski One IBM Plaza Suite 3000 Chicago IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Aronberg, Goldgehn, Davis Occupation Attorney 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 William Graham One Baxter Parkway Deerfield IL 60015- 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) 08/21/2000	Amount of Each Receipt this Period 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 Occupation Homemaker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00		
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	67 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Kaley Bergstrom 714 Roger Ave Karlovarth 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 Adeline J. Geo-Karis 2613 Sheridan Rd. Zion IL 60099- 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 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Adeline J. Geo-Karis 2613 Sheridan Rd. Zion IL 60099- 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 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 200.00		
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		

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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 Mike Graham PO Box 982 Rantoul IL 61866-0982 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 > \$ 50.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Joe Whalen 336 Indian Hills Drive 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 Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Fred Iida 7010 Glenbrook Rd. Bethesda MD 20814- 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) 09/15/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Mark Brown 8 Mary Ellen Way Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm Occupation Attorney Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code John Lillard 1300 N Waukegan Rd. 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 Occupation Self-employed Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Marion Lloyd 25000 N St. Mary's Rd. Libertyville IL 60048- 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) 06/22/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Roger Nelson 253 Franklin Rd. 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 Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 500.00		
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	69 / 171
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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 John Nichols 900 Mt Pleasant Rd Winnetka IL 60093- 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) 08/24/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code W. Irving Osborne 347 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 Occupation Retired 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 Oren T. Pollock 3100 N Sheridan Chicago IL 60657- 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 > \$ 100.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Michael Pritchett 2017 Chestnut Ave Wilmette IL 60091- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pritchett Realty Corporat- ion Occupation Realtor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 500.00		
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 60093- 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		
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	70 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Henry Wheeler 10 N Mayflower Road 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 Occupation Retired Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Stuart Meacham 2614 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) 07/16/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Bruce Wintersteen 112 E Washington 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 Dentist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Bruce Wintersteen 112 E Washington 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 Dentist Aggregate Year-to-Date > \$ 120.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00
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 Jeremy Reale 324 Indians Hills Court 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 Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 06/11/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Roy Rhodas 1108 N Cunningham 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 Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 50.00
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A		ITEMIZED RECEIPTS		71 / 171
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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 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) 08/11/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Judith Rhoton 604 W. 4th Homer IL 61849- 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 > \$ 50.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code F. Dwyer Murphy 1308 Weatherwans 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	
Full Name, Mailing Address, and ZIP Code Sheldon Williams 501 E. Oregon 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 Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Sheldon Williams 501 E. Oregon 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 Occupation Retired Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Edward Reed 1603 Scottsdale Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer DHS Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Norma Jean Gramer 212 W. Oregon 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 > \$ 25.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 25.00	
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	72 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Norma Jean Gremer 212 W. Oregon 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) 08/25/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Glenn Miller 508 S. Washington Paxton IL 60957- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Krapp-Miller Funeral Home	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code George Timmons PO Box 230 De Land IL 61839- 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) 08/05/2000	Amount of Each Receipt this Period 100.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code George Timmons PO Box 230 De Land IL 61839- 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) 09/18/2000	Amount of Each Receipt this Period 40.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 140.00		
Full Name, Mailing Address, and ZIP Code David Rice PO Box 476 Tuscola IL 61955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tuscola Professional	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 250.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Woodrow Chenault 1074 Bucks 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	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 150.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 295.00		
Full Name, Mailing Address, and ZIP Code Barbara Weaver 3614 E. Anthony Drive Urbana IL 61802-9675 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 25.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 25.00		

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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	73 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Ruth Millholln 218 Arcadia Champaign IL 61820-2645 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 > \$ 10.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Amos Molsinger 408 N. Stout Street PO Box 514 Saint Joseph IL 61875- 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 > \$ 25.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Don Wit 411 E. Florida 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 > \$ 100.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Joseph McCoskey RR2 407 E. Washington Tokoro IL 61880- 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 Charles Shepardson 1001 Lincolnshire Drive Champaign IL 61821-5807 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 > \$ 100.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Myron Sholem 905-C Cheshire 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 Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Paul Hemp 711 Park Lane Drive Champaign IL 61820- 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 > \$ 20.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 20.00

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	74 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code John Reifsteck 1007 Country Road 800E 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) 08/14/2000	Amount of Each Receipt this Period 150.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Delores Harper 413 Broadmeadow Rantoul IL 61866- 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 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Ralph Atterberry 907 E. Oregon 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) 08/14/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Robert Little 1437 Pine Avenue Rantoul IL 61866- 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 15.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 15.00		
Full Name, Mailing Address, and ZIP Code Roger Peterson 2308 Briar Hill Drive 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) 08/14/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Sal Nudo 1608 W. William #1 Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hibbico	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 15.00
	Occupation Web Copywriter		
	Aggregate Year-to-Date > \$ 15.00		
Full Name, Mailing Address, and ZIP Code Mikdrad Whitt 1302 N. Mattis Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bergner's	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 25.00
	Occupation Sales		
	Aggregate Year-to-Date > \$ 25.00		
SUBTOTALS of Receipts This Page (Optional)			
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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 Mikred Whitt 1302 N. Mattis Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bergner's Occupation Sales Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/27/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Mikred Whitt 1302 N. Mattis Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bergner's Occupation Sales Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Beverly Cotter 3003 Valley Brook Drive Champaign IL 61822-6113 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 > \$ 50.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 50.00	
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 Jacob Hyland 1304 Philo Road Urbana IL 61802-5328 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 > \$ 25.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Jacob Hyland 1304 Philo Road Urbana IL 61802-5326 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 > \$ 50.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00	
SUBTOTALS of Receipts This Page (Optional)				
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	76 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code John Whitman 3008 S. First 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) 08/14/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Byron Hillemeier 401 Burwash, Apt. 350 Savoy IL 61874- 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 10.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 10.00		
Full Name, Mailing Address, and ZIP Code Byron Hillemeier 401 Burwash, Apt. 350 Savoy IL 61874- 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) 08/26/2000	Amount of Each Receipt this Period 10.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 20.00		
Full Name, Mailing Address, and ZIP Code Drew Butzow Pards Western Shop Inc. 308 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	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Joe Deluce 2503 Melrose Drive Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign Park District	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Sue Summerville 1355 Country Road 800 N Tolono IL 61880- 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 15.00
	Occupation Teacher		
	Aggregate Year-to-Date > \$ 15.00		
Full Name, Mailing Address, and ZIP Code William Rotramel 1113 W. Eureka 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 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Kenneth Harshbarger 807 S. Westlawn 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 50.00	Occupation Retired Aggregate Year-to-Date > \$ 50.00	
	Name of Employer Information Requested Date (month, day, year) 09/29/2000 Amount of Each Receipt this Period 50.00		
	Name of Employer Self Date (month, day, year) 08/16/2000 Amount of Each Receipt this Period 30.00		
Full Name, Mailing Address, and ZIP Code Kenneth Harshbarger 807 S. Westlawn 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 25.00	Occupation Information Requested Aggregate Year-to-Date > \$ 25.00	
	Name of Employer Information Requested Date (month, day, year) 09/30/2000 Amount of Each Receipt this Period 25.00		
	Name of Employer Information Requested Date (month, day, year) 06/16/2000 Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Marvin Flessner 2125 Country Road 2100 E Saint Joseph IL 61875- 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 Retired Aggregate Year-to-Date > \$ 100.00	
	Name of Employer Information Requested Date (month, day, year) 08/16/2000 Amount of Each Receipt this Period 30.00		
	Name of Employer Information Requested Date (month, day, year) 08/16/2000 Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code George Lessaris 1404 W. University Avenue Champaign IL 61821- 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	78 / 171
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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 Agnes Simms 208 N. White PO Box 558 Sidney IL 61877-	Name of Employer Information Requested	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 200.00
	Occupation Realtor		
	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 Agnes Simms 208 N. White PO Box 558 Sidney IL 61877-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 110.00
	Occupation Realtor		
	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 Joe Barmsier 4007 Golf Creek Drive Champaign IL 61822-	Name of Employer Carte Clinic	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 150.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code William Farris 1011 Devonshire Drive Champaign IL 61821-	Name of Employer Carte Clinic	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 50.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Herbert Beckemeyer 1123 Country Road 900 E Champaign IL 61822-9025	Name of Employer Information Requested	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Anna Huls 601 N. Main Saint Joseph IL 61873-	Name of Employer Information Requested	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 10.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 10.00			
Full Name, Mailing Address, and ZIP Code Anna Huls 601 N. Main Saint Joseph IL 61873-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 10.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 20.00			

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	79 / 171
				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 Michael Jones 1717 Mayfair Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign County Occupation Judge Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Delores Behrens 1902 E. Golf Drive 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 Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Annelta Frerichs Box 61 Royal IL 61871- 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 > \$ 50.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Bruce Nickell 1472 Country Road 500E Champaign IL 61822- 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 > \$ 50.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code J.R. Stillwell 1213 N. Hickory Champaign IL 61820-2719 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 > \$ 25.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code J.R. Stillwell 1213 N. Hickory Champaign IL 61820-2719 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 > \$ 75.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Jerry Dobrovolsky 1104 S. Prospect Champaign IL 61820- 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 > \$ 25.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 25.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		80 / 171
		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 Raymond Gavran 606 Evergreen Court E 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 > \$ 25.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Thomas Gordon 1 Monterey Champaign IL 61820- 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 > \$ 100.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Duane Cekander 608 Ventura Road Champaign IL 61820-7035 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 > \$ 15.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code Chester Neff 1808 Broadmoor 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 > \$ 25.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Harvey Traub 7377 N 220 East Road Fairbury IL 61739- 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) 08/16/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Wayne King PO Box 115 Gifford IL 61847- 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 > \$ 25.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Nita Proctor 1011 Pheasant Circle 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 Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 25.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		81 / 171
		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 Allen Higgins 533 Garden Street Rantoul IL 61866- 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 > \$ 20.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code James Johnson 601 W. Main Street Mahomet IL 61855- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BGE Financial Occupation Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Joseph Broderick 1911 Country Squire Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Midwest Detective Occupation Investigator Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code David Bel 610 E. Penn Street Hoopston IL 60842- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Crown Ford-Mercury Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Bjame Wolding 610 West John Street Champaign IL 61820- 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 > \$ 50.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Carol Hickey 713 Country View Drive PNto IL 61864- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Illinois Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Martin Compton 202A Lily Lane 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 > \$ 25.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 25.00	
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	82 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code John Johnson Maplewood Estates North Maplewood Drive Rantoul IL 61866- 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) 08/19/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Jerold Ramshaw 1303 Old Farm 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	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 1000.00
	Occupation Real estate broker		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Fay Sims 101 W. Windsor Road Apt. 5103 Urbana IL 61802-6697 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) 08/19/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Warren Wessels 1016 W. Daniel 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) 08/19/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Warren Wessels 1016 W. Daniel 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) 09/29/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Charles Larkin 1908 Rebecca 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) 08/19/2000	Amount of Each Receipt this Period 10.00
	Occupation Retired Veteran		
	Aggregate Year-to-Date > \$ 10.00		
Full Name, Mailing Address, and ZIP Code John Parish 1801 Pleasant Circle 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) 08/19/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		

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	83 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Paul DuMontelle 2020 Burlson Drive Urbana IL 61801-5805 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) 08/19/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Mike House 17348 E. Co Road 1500 N Hindsboro IL 61930- 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) 08/19/2000	Amount of Each Receipt this Period 300.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Betty Ihnen 1909 County Road 2800 N Rantoul IL 61866- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Maureen McCord 104 E. Sherwin Drive Urbana IL 61802-7133 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Ron Bates 1016 Hadley 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) 08/21/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Mildred Wolf 606 W. 3rd Street Homer IL 61849- 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code B.G. O'Connor 2205 Curaton 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) 08/21/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		

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	84 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Robert Espeseth 1309 W. Healey 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) 08/22/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Philip Pemberlon 2509 Southwood 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) 08/22/2000	Amount of Each Receipt this Period 35.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 35.00		
Full Name, Mailing Address, and ZIP Code Gary Rosenbeck 1526 Collier Avenue Rantoul IL 61866- 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) 08/22/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code James Piercy 1842 Maynard 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) 08/22/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Lyle Brewer 207 S. John Thomasboro IL 61876- 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) 08/22/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired Veteran		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Stephen Matter 5 Broadway Place Normal IL 61761-3820 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) 08/22/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Ned Janison 413 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 Paris Beacon News	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner		
	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		85 / 171
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 Janison 413 W. Court Street Paris IL 61944-	Name of Employer Paris Beacon News Occupation Owner 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 R.L. Magers 1401 Marshall PO Box 670 Paris IL 61944-	Name of Employer Self Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	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) :				
Full Name, Mailing Address, and ZIP Code John Spung PO Box 366 Paris IL 61944-	Name of Employer Self Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	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) :				
Full Name, Mailing Address, and ZIP Code William Magers 5 Waters Edge Paris IL 61944-	Name of Employer Self Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	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) :				
Full Name, Mailing Address, and ZIP Code William Magers 5 Waters Edge Paris IL 61944-	Name of Employer Self Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	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) :				
Full Name, Mailing Address, and ZIP Code George Rogers 14131 US Hwy. 36 Chrisman IL 61924-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	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) :				
Full Name, Mailing Address, and ZIP Code J.W. Hasler 14 Poplar Street Paris IL 61944-9614	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	
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	86 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Joe Keys 13338 N. 1900th 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) 08/22/2000	Amount of Each Receipt this Period 1000.00
	Occupation Farmer Aggregate Year-to-Date > \$ 1000.00	
	Name of Employer Hicks Gas Date (month, day, year) 07/07/2000	
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 Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00
	Occupation Owner Aggregate Year-to-Date > \$ 1000.00	
	Name of Employer Information Requested Date (month, day, year) 08/23/2000	
Full Name, Mailing Address, and ZIP Code Philip Parker 1888 County Road 1700N Urbana IL 61802- 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) 08/23/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	
	Name of Employer Charles Mercer Photography Date (month, day, year) 08/23/2000	
Full Name, Mailing Address, and ZIP Code Charles Mercer 125 W. Main Street PO Box 389 Urbana IL 61801-0389 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Charles Mercer Photography Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 100.00
	Occupation Owner/Photographer Aggregate Year-to-Date > \$ 100.00	
	Name of Employer Information Requested Date (month, day, year) 08/24/2000	
Full Name, Mailing Address, and ZIP Code Marvin Frankel 614 Harding 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 Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 20.00	
	Name of Employer Information Requested Date (month, day, year) 08/24/2000	
Full Name, Mailing Address, and ZIP Code Vernon Fitch 1003 Maple Tree Lane Mahomet IL 61855- 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 25.00
	Occupation Retired Aggregate Year-to-Date > \$ 25.00	
	Name of Employer Information Requested Date (month, day, year) 08/24/2000	
Full Name, Mailing Address, and ZIP Code Scott Jones 805 S. Jeffery Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Jonas Ag Marketing Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	
	Name of Employer Information Requested Date (month, day, year) 08/24/2000	

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	87 / 171
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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 Hugh Lindgren 2309 Brookshire, West Champaign IL 61821- 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 > \$ 100.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Robert Welke 1408 Woodfield Drive Mahomet IL 61855-3824 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 > \$ 50.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Ervin Sepp 3367 County Road 1100E Paxton IL 60957- 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 > \$ 25.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Lyle Shields 2922 County Road 1000 E Deary IL 61840- 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 > \$ 25.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Margaret Tipsword 203 North Lincoln Broadlands IL 61816- 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 > \$ 20.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Kenneth Thurman 1073 County Road 1500E Sidney IL 61877-9800 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 > \$ 50.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Brian McAlpin 4403 Doverbrook 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 Chief Administrative Officer Aggregate Year-to-Date > \$	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period
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	88 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Brian McAlpin 4403 Doverbrook Court Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carte Clinic	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 100.00
	Occupation Chief Administrative Officer		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Edra Scofield 401 Western Court Saint Joseph IL 61873- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carte Clinic	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code David Main 1219 W. Charles Champaign IL 61821-4521 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carte Clinic	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Robert Hendrickson 2512 Waterbury Place Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carte Clinic	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 50.00
	Occupation Chief Financial Officer		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Rudy Schmidt 351 County Road 2250N Ogden IL 61859- 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 40.00
	Occupation Farmer		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Kenneth Kesler 2459 County Road 700E Dewey IL 61840- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Robert Wright 10 Vine Street Villa Grove IL 61956- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	89 / 171
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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 Richard Davidson 703 North Niles Street 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) 08/31/2000	Amount of Each Receipt this Period 200.00
	Occupation Dentist		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code James Jurgens 425 S. Pine Arthur IL 61911- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Steven Miller 2708 Perkins Road Urbana IL 61802-7736 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Melvina Heap 3186 County Road 900E Deary IL 61840- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Betty Good 723 E. Congress Rantoul IL 61866- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
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	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Engineer		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code David Frisse 15404 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	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A		ITEMIZED RECEIPTS		90 / 171
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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 James Wright 103 E. Sherwin Dr. Urbana IL 61802-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/31/2000	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 John Stoll 1401 Country Lake Dr. Champaign IL 61821-	Name of Employer Carle Clinic Occupation Physician Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/31/2000	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 Diane Wamberg 322 Oak Knoll Rd. Barrington IL 60010-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Rich Inert 221 Lincoln Avenue PO Box 1073 Saint Joseph IL 61873-	Name of Employer Golden Mine Restaurant Occupation Owner Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Roy Messmann 2007 Burwell St. Urbana IL 61802-	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code James Kouzmanoff 1400 Rivercrest Road Danville IL 61832-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Roger Burness 2113 Zupka Drive Urbana IL 61801-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		91 / 171
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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 Roger Burtness 2113 Zuppke Drive Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 08/28/2000	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 Information Requested			
Aggregate Year-to-Date > \$ 200.00				
Full Name, Mailing Address, and ZIP Code Ray Holt 1508 W. William Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired			
Aggregate Year-to-Date > \$ 20.00				
Full Name, Mailing Address, and ZIP Code James Winningham RR 1, Box 143 Arthur IL 61911-9518	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	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 Information Requested			
Aggregate Year-to-Date > \$ 100.00				
Full Name, Mailing Address, and ZIP Code Robert Brown 308 W. Sixth Street PO Box 18 Gridley IL 61744-	Name of Employer Caterpillar	Date (month, day, year) 08/31/2000	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 Program Analyst			
Aggregate Year-to-Date > \$ 100.00				
Full Name, Mailing Address, and ZIP Code Patrick Quinlan 3571 County Road 2000E Ludlow IL 60949-	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	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 Information Requested			
Aggregate Year-to-Date > \$ 100.00				
Full Name, Mailing Address, and ZIP Code Delmar Wilken 2022 Bentbrock Drive Champaign IL 61822-	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 25.00				
Full Name, Mailing Address, and ZIP Code Saul Morse 1701 Illini Road Springfield IL 62704-	Name of Employer Illinois State Medical Society	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney			
Aggregate Year-to-Date > \$ 300.00				
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	92 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Mary Robinson 401 Dodson Drive. W. Urbana IL 61802- 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) 09/01/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Daniel Molloy 1347 Molloy Drive Rantoul IL 61866- 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) 09/01/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Oscar Gaddy 608 Evergreen Court E 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) 09/01/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code James Leonard 1806 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 Care Clinic	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 700.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
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		
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	93 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Robert Morgan PO Box 877 Paris IL 61944-	Name of Employer Information Requested	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) :	Occupation Manufacturing				
Aggregate Year-to-Date > \$ 1000.00					
Full Name, Mailing Address, and ZIP Code Edward Wright 14 Woodmere Drive Paris IL 61944-	Name of Employer Information Requested	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) :	Occupation Construction				
Aggregate Year-to-Date > \$ 1000.00					
Full Name, Mailing Address, and ZIP Code Ronnie Schutz 844 County Road 0N Tuscola IL 61953-	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 25.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired				
Aggregate Year-to-Date > \$ 25.00					
Full Name, Mailing Address, and ZIP Code Donald Parkinson 2208 O'Donnell Drive Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	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 Information Requested				
Aggregate Year-to-Date > \$ 100.00					
Full Name, Mailing Address, and ZIP Code James Swisher 2308 Fogel Road Mahomet IL 61853-9404	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired				
Aggregate Year-to-Date > \$ 10.00					
Full Name, Mailing Address, and ZIP Code Jacquelyn Lewis 1104 Cambridge Drive Rantoul IL 61866-	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 25.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 25.00					
Full Name, Mailing Address, and ZIP Code William Ramm 1979 County Road 3000N Box 23 Rantoul IL 61866-	Name of Employer Village of Rantoul	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 25.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Mechanic				
Aggregate Year-to-Date > \$ 25.00					
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Cory Acton 6222 Walnut Avenue Collison IL 61831- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Joan Burke 2474 County Road 1100E Thomasboro IL 61878- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code George Pedersen 412 Malsbury Court Rantoul IL 61866- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Lionel Gribb 103 N. Thomas Thomasboro IL 61878- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code George Burnison 1538 County Road 3300N Rantoul IL 61866- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code George Burnison 1538 County Road 3300N Rantoul IL 61866- 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) 09/25/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Bill Behrens 508 Park Lane Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer retired	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 100.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		95 / 171
		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 Cherie Kirkham 2216 Scottdale Drive Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Maurice Crane 701 Eden Park Drive Rantoul IL 61866-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Marsa Crane 440 E Bella Street Rantoul IL 61866-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Maurice Verplank 908 Olmcrest Drive Rantoul IL 61866-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired Veteran	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Anne Eckerty 1200 Patton Place Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	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 Retired	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Dorothea Hunt 405 Ira Street Urbana IL 61802-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 30.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 30.00		
Full Name, Mailing Address, and ZIP Code Herbert Appleman 2506 Pond Street Urbana IL 61801-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	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 Retired	Aggregate Year-to-Date > \$ 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	96 / 171
				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 Fred Selbold PO Box 78 Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
		Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code Steve Long 808 County Farm Road PO Box 512 Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
		Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Michael Cline 21 N. Deer Lake Villa Grove IL 61956-	Name of Employer Hannum, Wagle & Cline	Date (month, day, year) 09/07/2000	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 Information Requested				
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Thomas Chamberlain 1109 Crestview Drive Tuscola IL 61953-5210	Name of Employer First Mid-IL Bank	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 25.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Banker				
		Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code Maurice Mendenhall 132 W. Lawrence Mahomet IL 61855-	Name of Employer Charter Oak Partners	Date (month, day, year) 09/07/2000	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 Commercial Realtor				
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Jim Riddel 108 N. Henson Villa Grove IL 61956-	Name of Employer Information Requested	Date (month, day, year) 09/07/2000	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 Farmer				
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Eleanor Sims 5483 S 11000W Road Herscher IL 60941-	Name of Employer Information Requested	Date (month, day, year) 09/07/2000	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			
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	97 / 171
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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 Norman Riordan PO Box 55 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 Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Charles Riker 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Stanley Dressler PO Box 514 Aroma Park IL 60910- 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 > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Stella Ryan 1050 S. Nelson, Unit B Kankakee IL 60901- 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 > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Michael Piper 585 E. Second Street 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Russell Tobey 362 Leiser Street 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code William Powers 344 S 4000 W Road Kankakee IL 60901- 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 > \$ 100.00	Date (month, day, year) 09/07/2000	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	98 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Kevin Hansen 876 E. 3100 North Road Clifton IL 60927- 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) 08/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Dale Schutz 644 S. Eliot Clifton IL 60927- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
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		
Full Name, Mailing Address, and ZIP Code Wendy Hoff 2304 E. Vermont Urbana IL 61802- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Wendy Hoff 2304 E. Vermont Urbana IL 61802- 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) 09/22/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Walter Sowa 2022 Abbotsford Dr. Barrington IL 60010- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code James Mangan 1318 Ridgefield Freeport IL 61032-4545 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	99 / 171
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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 Guy Vitale 201 Circle Dr. Galesburg IL 61401-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Anthony Franke 4728 Westbury Dr. Lake Zurich IL 60047-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Lawrence Sowa 1085 Glencrest Dr. Barrington IL 60010-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Randy Creech 504 Marshal St Paris IL 61944-	Name of Employer Orange & Blue Distributing Occupation Salesman Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Richard Porter 4504 Crossgate Drive Champaign IL 61822-5055	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Lewis Hull PO Box 250 La Plaze IL 61936-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mary Woodyard 104 W. Washington Chrisman IL 61924-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/08/2000	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		100 / 171
		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 Richard Eastin	Name of Employer Information Requested	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Paul Belyea	Name of Employer Information Requested	Date (month, day, year) 07/16/2000	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 Information Requested			
		Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Larry Stuffle RR 3, Box 3 Chrisman IL 61924	Name of Employer Information Requested	Date (month, day, year) 07/21/2000	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		
Full Name, Mailing Address, and ZIP Code Vern McGinnis 4 Continental Court Bloomington IL 61701	Name of Employer Information Requested	Date (month, day, year) 07/21/2000	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 Information Requested			
		Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code James Jesso Box 221 Mahomet IL 61853	Name of Employer Information Requested	Date (month, day, year) 07/21/2000	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 Information Requested			
		Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Patricia Dobbs 1201-B Silver Urbana IL 61801	Name of Employer Information Requested	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 10.00		
Full Name, Mailing Address, and ZIP Code Harrison McCown PO Box 258 Tuscola IL 61953	Name of Employer Self	Date (month, day, year) 07/25/2000	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 Information Requested			
		Aggregate Year-to-Date > \$ 700.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		101 / 171
		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 Louis O'Brien 1 Lincolnshire Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 07/25/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Craig Ward	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Roger Thomas	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Donald Huffaker	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Larry Skinner 2275 E County Road 800 N Newman IL 61342-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 20.00		
Full Name, Mailing Address, and ZIP Code Francis Chittick 1287 E Grove Avenue Rantoul IL 61866-	Name of Employer Chittick Family Eyecare	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) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ronald Hunt 212 E. Elm Villa Grove IL 61956-	Name of Employer Information Requested	Date (month, day, year) 09/08/2000	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 > \$ 200.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		102 / 171
		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 Timothy Redshaw PO Box 202 White Heath IL 61884- 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 > \$ 50.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Timothy Redshaw PO Box 202 White Heath IL 61884- 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 > \$ 100.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Shonkewiler, Ayers & Rhoades 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 > \$ 300.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Mary Lewis 407 Park Lane Drive Champaign 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 > \$ 45.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Gary Davis 1503 Myrtle Danville IL 61832- 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 > \$ 250.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code D.C. Deufel - 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 > \$ 100.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mike Trautman PO Box 3426 Champaign IL 61826-3426 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 > \$ 50.00	Date (month, day, year) 07/14/2000	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	103 / 171
			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 Victor Trest 706 Parklane 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) 07/14/2000	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 Bramfeld 115 N. Neil Street Suite 101 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) 07/14/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Bonnie Froehlich 1317 Grandview Drive 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) 07/14/2000	Amount of Each Receipt this Period 149.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 149.00		
Full Name, Mailing Address, and ZIP Code Peggy Smith 7 Genevieve 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) 07/14/2000	Amount of Each Receipt this Period 149.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 149.00		
Full Name, Mailing Address, and ZIP Code John Meyer 400 W. Raymond Street Danville IL 61832- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Sylvia Andersh 4308 Curtis Meadow Drive Champaign IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input 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 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Sylvia 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		
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	104 / 171
			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 Paul Malone 19430 W. 6000 S Cabery IL 60910- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Bill Davidson 932 N Western Hills Kankakee IL 60901- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Mike Scanlon 2316 Sunset View Kankakee IL 60901- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Daniel Sues PO Box 605 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) 09/15/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Ken Rohr PO Box 282 Chebanse IL 60922- 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Charles Ayers 35 S. Henson Road Villa Grove IL 61956- 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 Farmer		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Danny Cleland 102 W. Pinzon Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tuscola Twp	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
	Occupation Highway Maintainer		
	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		105 / 171
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 Peter Eisenmenger 15 Hickory Lane Villa Grove IL 61956- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Crop Production Services Occupation Sales Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Richard Wolf 2720 Valley Brook Drive Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Care Clinic Occupation Physician Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Stephen Hilgendorf 805 E. 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 Occupation Information Requested Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 30.00	
Full Name, Mailing Address, and ZIP Code Eugene Plitte PO Box 98 Cisco IL 61830- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Lawrence Hirschler 1727B 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 Occupation Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00	
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 Occupation Retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Paul Bretz RR 1 Villa Grove IL 61956- 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) 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		106 / 171
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 Chris Hill PO Box 80 Tuscola IL 61953-	Name of Employer Self	Date (month, day, year) 09/15/2000	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 Art Dealer	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Roscoe Cunningham Lawrenceville IL 62439-	Name of Employer Information Requested	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) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Jerome Mirza 705 East Washington Street Bloomington IL 61701-	Name of Employer Veroma. Mirza and Assoc.. Ltd.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jerome Mirza 705 East Washington Street Bloomington IL 61701-	Name of Employer Verome, Mirza and Assoc., Ltd.	Date (month, day, year) 09/15/2000	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 > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code John Conerty 880 N County Road 1500E Tuscola IL 61953-	Name of Employer Self-employed	Date (month, day, year) 09/15/2000	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 farming and real estate	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Edward Skoog 18 Colony West Champaign IL 61820-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	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 > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Barbara Carroll 742 County Farm Road Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 40.00		
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	107 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code William Manuel 206 E. Illinois PO Box 213 Mansfield IL 61854-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code William Brown PO Box 491 Paris IL 61944-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Madonna Decker 800 N 27th Street Mattoon IL 61938-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	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 > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Madonna Decker 800 N 27th Street Mattoon IL 61938-	Name of Employer Information Requested	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Richard Meyer 1504 Buckhorn Lane Mahomet IL 61853-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Barbara Linker 614 Robert Webb Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code James Reed 688 County Farm Road Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		108 / 171
		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 Dona Howe RR 1, Box 175 Farmer City IL 61842- 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 > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Jimmie Schmitt 29 Foothill Road 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 > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Julia Greene 420 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 > \$ 50.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Julia Greene 420 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 > \$ 100.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Terry Cummings 1008 N. Union Drive 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 > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Edward Hillard 310 Chaucer Blvd. 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 > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Ed Hillard PO Box 165 Ivesdale IL 61851- 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 > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		109 / 171
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 William Mitze 713 Crestview Drive 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 Retired Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Sharon Lee Martin 2244 Wagon Trail Road White Heath IL 61864- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Maxine Amdor PO Box 82 Mansfield IL 61854- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Joanna Warner 201 1/2 E Bodman PO Box 21 Bement IL 61813- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Dorothy Lange 302 S East Street PO Box 217 Mansfield IL 61854- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Anna Coffin 645 N State Hwy. 105 Bement IL 61813- 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 > \$ 20.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code James Goldenstein 1414 Dobbins 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 Information Requested Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00	
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	110 / 171
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Paul Lamb 1056 N 800 East Road Bement IL 61813-		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code William Hudspeth 160 W. Wilson Bement IL 61813-1252		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Richard Ayers 724 E 1000 North Road Bement IL 61813-		Name of Employer Information Requested		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) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Jean Stoddard 1 Eastgate Stoddard Acres Monticello IL 61856-		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code Ray Ahlich 2052 Deland-Monticello Road De Land IL 61839-		Name of Employer Information Requested		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Joseph Goldberg 3205 Cypress Creek Road Champaign IL 61822-		Name of Employer Christie Clinic		Date (month, day, year) 09/16/2000	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 Chief Medical Officer			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Alif Selimi 1310 Jeffrey Street Mahomet IL 61853-		Name of Employer Urbana Garden Restaurant		Date (month, day, year) 09/18/2000	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 Owner			
		Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		111 / 171
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 Terry Townsend 2805 Rachel Road Champaign IL 61822-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Stanley Ikenberry 1505 Dunbarton Rock Court NW Washington DC 20007-3049	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Albert Griffiths 1805 E. Olympian Road Urbana IL 61802-9792	Name of Employer Crossroads Veterinary Clinic	Date (month, day, year) 09/18/2000	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 Veterinarian	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Earl Datweller PO Box 288 Herscher IL 60941-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Roland Rosenboom PO Box 818 Clifton IL 60927-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Kenneth Schmidt 1785 Robinwood Lane Deerfield IL 60015-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	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 Physician	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Jacquelyn Tobey 507 Pilot Drive Herscher IL 60941-	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 565.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Homemaker	Aggregate Year-to-Date > \$ 565.00		
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	112 / 171
			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 Phillip Swanson 318 E. Main Street Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Max Olson 906 Crestview Drive Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Arlon Ankam 223 W. Durfee, Box 768 Cerro Gordo IL 61818-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code John Gels 808 Lone Beech Road Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Charles Norfleet 1102 E. Center Street Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Dana Rhoades Monticello IL 61856-	Name of Employer Shonkwiler, Ayers & Rhoades	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Melvin Guley PO Box 127 Cisco IL 61830-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 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	113 / 171
			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 Ayers Farms 32 FootNll Road Monticello IL 61856- 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) 09/18/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Howard Glawe RR 2 Farmer City IL 61842- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Lynn Ferguson RR 1, Box 2 Weldon IL 61862- 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) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code June Blue 1010 S. Quincey Street Clinton IL 61727- 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) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Elmer Glenn RR 3, Box 270 Clinton IL 61727- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Golde Hedrick RR 1 Wapeta IL 61777- 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code David Newberg RR 4, Box 330 Clinton IL 61727- 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) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		114 / 171
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 Della Cooper RR 1, Box 137 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Iris Thorp RR 3, Box 256 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Jim Powers RR 1, Box 80 Wapella IL 61777-9730	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Merle Miller RR 1, Box 443 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code J.D. Harrold 52 Somerset Drive Clinton IL 61727-2445	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code J.D. Harrold 52 Somerset Drive Clinton IL 61727-2445	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	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 Information Requested	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Ronald Oakley RR 3, Box 240 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 25.00		
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	115 / 171
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code John Kam RR 1, Box 103 Downs IL 61736-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code Darrel Mills 56 Holiday Clinton IL 61727-2433	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code Steven Ferguson RR 3, Box 206 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code John Heap 18 Violet Valley Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code John Veirs RR 2, Box 225 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code Sarah Bjeland RR 1, Box 337 Maroa IL 61756-	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			
Full Name, Mailing Address, and ZIP Code Lawrence Olson RR 1, Box 56 Wapella IL 61777-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 25.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		116 / 171
		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 Scott Hopkins 1104 E White Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 25.00				
Full Name, Mailing Address, and ZIP Code Sue Calvert 16 Brittany Lane Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 25.00				
Full Name, Mailing Address, and ZIP Code Bus Glenn 211 N. Jackson Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 25.00				
Full Name, Mailing Address, and ZIP Code Marc Sellers Box 105 Seymour IL 61875-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 20.00				
Full Name, Mailing Address, and ZIP Code Rhonda Thomas 1402 Dawn Road Urbana IL 61802-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 20.00				
Full Name, Mailing Address, and ZIP Code Brenda Pregler 12 Bridle Lane Bement IL 61815-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 20.00				
Full Name, Mailing Address, and ZIP Code Daniel Ziger 992 E 1300 N Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 25.00				
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	117 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Darrel Seest 611 Toddard Court Monticello IL 61856- 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) 09/19/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 20.00		
Full Name, Mailing Address, and ZIP Code Marian Albin 1655 County Road 1150 N Villa Grove IL 61956- 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) 09/19/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Marvin Gerstein 803 S. Grove 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) 09/19/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Penny Pulen 2804 W. Sibley Park Ridge IL 60068- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Contractor		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Leslie Cyrulik PO Box 281 Clinton IL 61727- 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) 09/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Jack and Mary Lou Klage 4 Carriage Lane Danville IL 61832- 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 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Jimmy Howe 1713 Devonshire 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) 09/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		118 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Virginia Numl 608 W. Hickory Mahomet IL 61853- 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 > \$ 75.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Susan Hinesly 2916 Robeson Park Dr. Champaign IL 61822- 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 > \$ 100.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Leslie Downs 101 E. Church Gifford IL 61847- 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 > \$ 25.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Curlls Mettam 9 McKee Pl. Danville IL 61832- 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 > \$ 100.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Alexander Dimitrief 895 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 Georgia Howe 314 E. Oliver, South APT. P.O. Box 476 Mansfield IL 61854- 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 > \$ 20.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code L.J. Hochberg 275 N. Deere 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	
SUBTOTALS of Receipts This Page (Optional)				
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SCHEDULE A		ITEMIZED RECEIPTS		119 / 171
		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 James W.C. Swartz 316 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 Jeanne Harris 124 S. Walnut St. 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 > \$ 100.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 100.00	
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 Paul Nothnagel 29 Park Lane Clinton IL 61727- 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 > \$ 150.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Sue Madigan 70 CR 1750 E Villa Grove IL 61956- 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 > \$ 5.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 5.00	
Full Name, Mailing Address, and ZIP Code Catherine Clinebell 1703 W. North Shore 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 Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Fred Decker 800 N. 27th Street Mattoon IL 61938- 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 > \$ 50.00	Date (month, day, year) 09/26/2000	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	120 / 171
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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 Carol Camahan 8541 Glenburn Creek Rd. Oakwood IL 61858- 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 Heavy Equipment Operator		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Robert Hale P.O. Box 12 PNIc IL 61834- 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 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Richard Shurtz P.O. Box 11046 Champaign IL 61826- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arrow Glass Company	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Everett Fitzgerald 820 S. Spruce Arthur IL 61811- 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 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Jackie Watson 56 County Rd. 1650 E Villa Grove IL 61956- 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 Farming		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Julia McGavran 606 Evergreen Ct. E. 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) 09/26/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code George Richards 2722 N. Vermillion Danville IL 61832- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Vermillion Hillcrest	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 150.00
	Occupation Veterinarian		
	Aggregate Year-to-Date > \$ 150.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		121 / 171
		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 Doris Smalley 812 Boone Tokono IL 61880- 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 > \$ 100.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dol Beldon 1108 S. New St. Champaign IL 61820-6335 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 > \$ 25.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ted Valli 2814 S. Salisbury Ct. Champaign IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code T. Bradley Tucker 13741 E. 1700 Chrisman IL 61824-9456 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 > \$ 50.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Tori Zvettler 219 E. Sherwin Dr. 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 > \$ 100.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dale Levitt 1711 Airport Rd. 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 Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Katherine Campion 1942a County Rd. Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation psychologist Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/29/2000	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	122 / 171
				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 Karl Luke P.O. Box 157 Cissna Park IL 60924-	Name of Employer Self-employed	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) :	Occupation Luke's One Stop				
				Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Mary Howell 601 W. William Champaign IL 61820-	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired				
				Aggregate Year-to-Date > \$ 10.00	
Full Name, Mailing Address, and ZIP Code William Glasgow P.O. Box 588 Monticello IL 61856-	Name of Employer Glasgow & Foltz	Date (month, day, year) 09/29/2000	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 > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Carroll Goering 2806 N Highcross Urbana IL 61802-	Name of Employer Information Requested	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) :	Occupation Retired				
				Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Donald Kuhlman 2608 Applewood Rd. Champaign IL 61821-	Name of Employer University of Illinois	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) :	Occupation Professor				
				Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Jack Lageshulte 3 Marbury Lane Barrington IL 60010-	Name of Employer Old Colony Builder's, Inc.	Date (month, day, year) 09/29/2000	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 Executive				
				Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Donald Holt 1801 Morsine Dr. Champaign IL 61821-	Name of Employer Information Requested	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) :	Occupation Professor				
				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	123 / 171
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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 Conrad Nul Springfield IL 62707- 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 > \$ 100.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Jim Spellman 1308 Stephens Dr. 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 Retired Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 350.00
Full Name, Mailing Address, and ZIP Code Thomas Carmichael 4 Imperial Court Champaign 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 > \$ 25.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Gall Price 21 Colonial Drive Clinton IL 61727- 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 > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00
Full Name, Mailing Address, and ZIP Code Jerry Johnson 32 Manor Hill Drive Clinton IL 61727- 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 > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00
Full Name, Mailing Address, and ZIP Code Robin Lecouris 316 W. White Street Clinton IL 61727- 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 > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00
Full Name, Mailing Address, and ZIP Code Judy Spencer 317 W. Webster Clinton IL 61727- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00
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	124 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Roger Massey R.R. 2 Box 113 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 150.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Pat Alison 1207 S. Quincy Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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 Carlos Mcellan 702 Dodson Dr. Urbana IL 61802-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 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 Cella Snyder 2014 Brownfield Urbana IL 61801-	Name of Employer University of Illinois	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 25.00
	Occupation Administrator		
	Aggregate Year-to-Date > \$ 25.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Richard Weller 16754 E 2705 North Road Danville IL 61834-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 20.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Joe Montgomery 6 Briar Cliff Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 50.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Cory Glispie 9 E Pilot Street Ridge Farm IL 61870-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 20.00		
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		125 / 171
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 Glenda Jamison 602 Fifth Street Box 51 Ivesdale IL 61851- 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 > \$ 20.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Constance Turbin Falmount IL 61841- 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 > \$ 20.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Robert Walbley 211 Connecticut Westville IL 61893- 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 > \$ 20.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Erik Prenzler 7 Inverness Dr. 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 Information Requested Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Richard Haus - 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 > \$ 20.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Chris Hosch 10 Swisher Danville IL 61832- 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 > \$ 40.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Harold Botl 7 W. Grant Street Tilton IL 61833- 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 > \$ 20.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00	
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	126 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Ralph Siders 201 E. Fremont Bement IL 61813- 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 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 20.00		
Full Name, Mailing Address, and ZIP Code Wesley Bieritz 2 N Shore Terrace Danville IL 61832-1723 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 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Edna Welton 40 Colony West Dr. 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 25.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Todd Bailey 704 E. Young Hoopston IL 60842- 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 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Chris Leigh PO Box 42 East Lynn IL 60832- 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 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code Lynne Ellis 150 Mauck Lane Danville IL 61832- 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 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
Full Name, Mailing Address, and ZIP Code James Ellis 148 Mauck Lane Danville IL 61832- 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 40.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 40.00		
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	127 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Judith Finkle 3410 Fairway Drive Country Club Hills Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Marilyn Busby 3010 N 1270 E Road Ridge Farm IL 61870-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Rick Jones 207 Connecticut Westville IL 61893-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code Mark Meyer 2902 Townway Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 20.00			
Full Name, Mailing Address, and ZIP Code John Huls 200 West International C238 Rantoul IL 61866-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Joe Glick 316 N. Delaware Chrisman IL 61924-1204	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
Full Name, Mailing Address, and ZIP Code Norval Wiamekan 123 E. South St. Dwight IL 60420-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 40.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		128 / 171
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 Glen Bellows 210 Foster Dr. Normal IL 61761-2750 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Engineer Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Charles Tabb 1101 Galen Dr. Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Illinois Occupation Professor Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Paul Brauchle 1502 Aurora Way Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Illinois State University Occupation Professor Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Howard Reed 402 N. Cottage Normal IL 61761-4208 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 > \$ 35.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code William Dunlop 2122 O'Donnell Champaign IL 61821- 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 > \$ 75.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code Cynthia Morrison 2205 S. Cottage Grove Urbana IL 61801- 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 > \$ 100.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code George Peterson 907 W. Daniel St. Champaign IL 61821-4519 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 > \$ 100.00	Date (month, day, year) 09/28/2000	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		129 / 171
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 Overmyer 106 E. Dunbar Mahomet IL 61853-	Name of Employer Daily & Assoc., Engineers, Inc. Occupation Information Requested	Date (month, day, year) 09/28/2000	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 > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Jeffrey Goff 1008 Country Squire Dr. Urbana IL 61802-	Name of Employer Daily & Assoc., Engineers, Inc. Occupation Information Requested	Date (month, day, year) 09/28/2000	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 > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Jeremy Nakashima 2502 Myers Ct., Apt. 8 Champaign IL 61821-	Name of Employer Daily & Assoc., Engineers, Inc. Occupation Information Requested	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Lary A. Johnson 19 Ashley Ln. Champaign IL 61820-	Name of Employer Daily & Assoc., Engineers, Inc. Occupation Information Requested	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 150.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Ann Khan 1102 Wilshire Champaign IL 61822-	Name of Employer Information Requested Occupation Homemaker	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) :	Aggregate Year-to-Date > \$ 750.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				187867.00

SCHEDULE A		ITEMIZED RECEIPTS		130 / 171
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		131 / 171
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 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 Occupation Information Requested 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 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 Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 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 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 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 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 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 Occupation Information Requested Aggregate Year-to-Date > \$ 520.00	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 20.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		132 / 171
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)				
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SCHEDULE A		ITEMIZED RECEIPTS		133 / 171
		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- 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 > \$ 10000.00	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Sallie Mae PAC 11600 Sallie Mae Drive Reston VA 20193- 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 1000.00	
Full Name, Mailing Address, and ZIP Code Drive Political Fund 25 Louisiana Avenue, NW Washington DC 20001- 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) 08/24/2000	Amount of Each Receipt this Period 5000.00	
Full Name, Mailing Address, and ZIP Code PIA PAC Allison Lewis 400 N. Washington 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 > \$ 1000.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code InsurPac 4360 Wabash Avenue Springfield IL 62707- 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) 08/24/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Kemper Insurance PAC 1 Kemper Drive, C-3 Long Grove IL 60049-0001 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) 08/31/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Kemper Insurance PAC 1 Kemper Drive, C-3 Long Grove IL 60049-0001 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) 09/06/2000	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		134 / 171
		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 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 Mckinaw 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)				

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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)				
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		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- 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 5000.00	
	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- 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) 09/08/2000	Amount of Each Receipt this Period 1000.00	
	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Philip Morris PAC 120 Park Avenue New York NY 10017- 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 > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code Food Marketing Institute PAC 855 15th Street, NW Suite 700 Washington DC 20005-5701 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 > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Exxon Mobile PAC 5959 Las Colinas Blvd. Irving TX 75039-2298 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 2500.00	
	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- 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 5000.00	
	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- 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 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	137 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Citizens For Sleben 137 S. State Geneseo IL 61254- 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 > \$ 100.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code National Cattlemen's Beef Ass-oc. PAC 5420 Quebec Street PO Box 3469 Englewood CO 80155- 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) 09/15/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Friends of Bob Livingston PAC 228 S. Washington Street Suite 200 Alexandria VA 22314-5404 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) 09/18/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code A.E. Staley PAC 2200 E. Eldorado Decatur IL 62521- 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) 09/18/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code UROPAC 1111 Plaza Drive #550 Schaumburg IL 60175- 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) 09/22/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Deloitte & Touche P.O. Box 385 Washington DC 20044-0385 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 > \$ 3000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 3000.00		
Full Name, Mailing Address, and ZIP Code La Sala 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 > \$ 200.00	Date (month, day, year) 09/25/2000	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	138 / 171
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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 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	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 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	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code 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	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 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	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 2000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2500.00		
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	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 CRNA PAC 412 First St., SE Suite 12 Washington DC 20003- 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		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		139 / 171
		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 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 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 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 Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 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 Occupation Senator Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 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 Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/30/2000	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	140 / 171
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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		141 / 171
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11B	
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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 61834-5867	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 B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	142 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code K-Mart 800 W Bloomington Road Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 10.73
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimbursement/Para Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/08/2000	Amount of Each Disbursement This Period 84.65
Full Name, Mailing Address, and ZIP Code Fannie May 402 S. Neil Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 32.12
Full Name, Mailing Address, and ZIP Code Federal Express 2001 Federal Way Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 15.34
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Reimbursement/Offi Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 187.96
Full Name, Mailing Address, and ZIP Code Daily Illini 57 E. Green Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 17.00
Full Name, Mailing Address, and ZIP Code Office Depot 111 Convenience Center Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 47.21
Full Name, Mailing Address, and ZIP Code Holmes Publications 5 South Main Villa Grove IL 61956-	Purpose of Disbursement Operating Expenditure Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 13.20
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 591.10

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	143 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Kevin Hart 158 Paddock Drive E Savoy IL 61874-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 175.00
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 277.17
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 67.25
Full Name, Mailing Address, and ZIP Code Illinois Corn Grower RR4 Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/26/2000	Amount of Each Disbursement This Period 25.00
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 437.97
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 3000.00
Full Name, Mailing Address, and ZIP Code Dreamscape Design 1 Henson Place Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 5225.00
Full Name, Mailing Address, and ZIP Code Wirthlin Worldwide 1363 Beverly Road Mc Lean VA 22101-	Purpose of Disbursement Operating Expenditure Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 3950.00
Full Name, Mailing Address, and ZIP Code Quill Corporation P.O. Box 94081 Palatine IL 60094-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 322.92

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	144 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314	Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 344.85
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960	Purpose of Disbursement Operating Expenditure Reimbursement/Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/04/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025	Purpose of Disbursement Operating Expenditure Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/25/2000	Amount of Each Disbursement This Period 667.60
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025	Purpose of Disbursement Operating Expenditure Services/Financial Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 1338.21
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 495.00
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 16523.95
Full Name, Mailing Address, and ZIP Code Central Waste Service PO Box 3069 Champaign IL 61826	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 20.00
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822	Purpose of Disbursement Operating Expenditure Reimbursement/Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 18.48
Full Name, Mailing Address, and ZIP Code Sulaski & Webb 207 W Jefferson Chicago IL 60701	Purpose of Disbursement Operating Expenditure Accounting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 688.75

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SCHEDULE B		ITEMIZED DISBURSEMENTS		145 / 171
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services-Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 917.10	
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Services-Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/10/2000	Amount of Each Disbursement This Period 1338.21	
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 35000.00	
Full Name, Mailing Address, and ZIP Code Nextel PO Box 5188 Carol Stream IL 60197-5188	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 441.14	
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 15.00	
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 249.38	
Full Name, Mailing Address, and ZIP Code Meleod USA 2302 Fox Dr Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 725.92	
Full Name, Mailing Address, and ZIP Code Staples 2005 N. Prospect Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 17.09	
Full Name, Mailing Address, and ZIP Code Jacquelyn Tobey 507 Piko Drive Herscher IL 60941-	Purpose of Disbursement In-Kind Fund-raising Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 565.00	
SUBTOTALS of Disbursements This Page (Optional)				
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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	146 / 171 FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Office Depot 111 Convenience Center Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 57.03
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/09/2000	Amount of Each Disbursement This Period 384.40
Full Name, Mailing Address, and ZIP Code Kemper Lesnik 455 N Cityfront Plaza Drive Chicago IL 60611-	Purpose of Disbursement Operating Expenditure Contractual Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 4000.00
Full Name, Mailing Address, and ZIP Code Community Lutheran C 202 6th Street Comel IL 61319-	Purpose of Disbursement Operating Expenditure Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/24/2000	Amount of Each Disbursement This Period 25.00
Full Name, Mailing Address, and ZIP Code News Gazette 15 Main Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 81.90
Full Name, Mailing Address, and ZIP Code Kiwanis Fair Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 60.00
Full Name, Mailing Address, and ZIP Code Michael's Catering 720 S. Neil Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 5868.34
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/25/2000	Amount of Each Disbursement This Period 1335.21
Full Name, Mailing Address, and ZIP Code Dreamscape Design 1 Henson Place Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 2933.00

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	147 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Reimbursement/Print Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 55.50
Full Name, Mailing Address, and ZIP Code Keelen Communications PO Box 2776 Arlington VA 22202-	Purpose of Disbursement Operating Expenditure fundraising expens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 12515.00
Full Name, Mailing Address, and ZIP Code Brownfield Sports 709 S Poplar Street Urbana IL 61802-	Purpose of Disbursement Operating Expenditure Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 613.50
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/30/2000	Amount of Each Disbursement This Period 99.00
Full Name, Mailing Address, and ZIP Code Dennis Graff 177 Riverside Newport Beach CA 92663-	Purpose of Disbursement Operating Expenditure Reimbursement/News Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/20/2000	Amount of Each Disbursement This Period 5860.65
Full Name, Mailing Address, and ZIP Code Staples 2005 N. Prospect Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 48.36
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Reimbursement/Offi Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 10.46
Full Name, Mailing Address, and ZIP Code Bundy Business Machi 1605 N Willis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 40.00
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 817.98

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SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	148 / 171 FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name, Mailing Address, and ZIP Code Brownfield Sports 709 S Poplar Street Urbana IL 61802-	Purpose of Disbursement Operating Expenditure Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 344.00
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services- /Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/03/2000	Amount of Each Disbursement This Period 775.48
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Adminstr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 718.88
Full Name, Mailing Address, and ZIP Code Outreach Center 246 N. Indiana Avenue Kankakee IL 60901-	Purpose of Disbursement Operating Expenditure Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 50.00
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimburs- ement/Para Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 47.14
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services- /Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 817.10
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services- /Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 817.10
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 15.00
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 07/07/2000	Amount of Each Disbursement This Period 15.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	149 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code AdvanceNet Inc. 100 Trade Center Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Internet Service	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 42.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code St. Joseph Spartans 301 N Main Saint Joseph IL 61873-	Purpose of Disbursement Operating Expenditure Donation	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Kirkos 505 S. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Printing	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 260.35
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services-Press	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 917.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Radisson Hotels 10 Brickyard Drive Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Fund-raising Expen	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 539.87
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Champaign County Urb 17 Taylor Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Donation	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 150.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 10.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Reimbursement/Off	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 13.53
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Sam's Club 915 W Marketview Drive Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Parade Supplies	Date (month, day, year) 09/08/2000	Amount of Each Disbursement This Period 100.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	150 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/21/2000	Amount of Each Disbursement This Period 495.00
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimbursement/Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/21/2000	Amount of Each Disbursement This Period 1237.50
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 33.74
Full Name, Mailing Address, and ZIP Code Joan Dykstra 311 Church Street Savoy IL 61874-	Purpose of Disbursement Operating Expenditure Reimbursement/Offl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 311.79
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 15.00
Full Name, Mailing Address, and ZIP Code Kohl Center 435 E. Oak Kankakee IL 60901-	Purpose of Disbursement Operating Expenditure Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 50.00
Full Name, Mailing Address, and ZIP Code State Board of Elect PO Box 4187 Springfield IL 62708-	Purpose of Disbursement Operating Expenditure Computer Program Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/14/2000	Amount of Each Disbursement This Period 200.00
Full Name, Mailing Address, and ZIP Code Osco Drug 107 W. Green Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 34.36
Full Name, Mailing Address, and ZIP Code Office Depot 111 Convenience Center Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/22/2000	Amount of Each Disbursement This Period 32.43

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NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services- /Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/10/2000	Amount of Each Disbursement This Period 917.10
Full Name, Mailing Address, and ZIP Code Joe Sprengard 1216 Lancaster Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Volunteer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/10/2000	Amount of Each Disbursement This Period 403.58
Full Name, Mailing Address, and ZIP Code Minuteman Press 1407 S. Neil Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 213.78
Full Name, Mailing Address, and ZIP Code Kevin Dreher 205 John Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 359.65
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 515.28
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Reimburs- -ment/Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/09/2000	Amount of Each Disbursement This Period 37.10
Full Name, Mailing Address, and ZIP Code College Republicans 910 S. Third Street Rm. 505 Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 50.00
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Services- /Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 591.10
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Adminstra Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 570.18
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Keelen Communications PO Box 2776 Arlington VA 22202-	Purpose of Disbursement Operating Expenditure Fundrais- ing Expens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 798.18	
Full Name, Mailing Address, and ZIP Code IL Dept. of Revenue 101 W. Jefferson Springfield IL 62704-	Purpose of Disbursement Operating Expenditure Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 411.98	
Full Name, Mailing Address, and ZIP Code Mark Johnson PO Box 53 Towanda IL 61776-	Purpose of Disbursement Operating Expenditure Services- Webpage, Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/21/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Advocate 330 N. 4th Street Clifton IL 60927-	Purpose of Disbursement Operating Expenditure Subscrip- tion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 8.00	
Full Name, Mailing Address, and ZIP Code Staples 2005 N. Prospect Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 12.88	
Full Name, Mailing Address, and ZIP Code Joe Sprengard 1216 Lancaster Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- Volunteer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 403.58	
Full Name, Mailing Address, and ZIP Code Campaign Products Plus 925 W. Adams Taylorville IL 62566-	Purpose of Disbursement Operating Expenditure Advertis- ing/Lapel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 247.32	
Full Name, Mailing Address, and ZIP Code Quill Corporation P.O. Box 94081 Palatine IL 60094-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 432.57	
Full Name, Mailing Address, and ZIP Code Schrucks 109 N Maltis Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/09/2000	Amount of Each Disbursement This Period 64.45	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	153 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code AdvanceNet Inc. 100 Trade Center Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Internet Service	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 42.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Campaign Products Plus 925 W. Adams Taylorville IL 62568-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 7950.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Bundy Business Machi 1605 N Willis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies	Date (month, day, year) 08/08/2000	Amount of Each Disbursement This Period 49.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Metropolitan Club 233 S. Wacker Drive Chicago IL 60606-	Purpose of Disbursement Operating Expenditure Fundraising Expans	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 1218.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Menner Home Service 1037 County Road 2200E Sidney IL 61877-	Purpose of Disbursement Operating Expenditure Signs	Date (month, day, year) 08/04/2000	Amount of Each Disbursement This Period 400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Fasprint 33 E. Green Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 304.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Consulting Service	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code News Gazette 15 Main Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 70.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code AT&T Cable 303 E. Fairlawn Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Utilities	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 39.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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SCHEDULE B		ITEMIZED DISBURSEMENTS		154 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 3338.85	
Full Name, Mailing Address, and ZIP Code Factory Card Outlet 2019 N. Prospect Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 14.13	
Full Name, Mailing Address, and ZIP Code Greg Daniels 2060 Timberbrook Springfield IL 62702-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/12/2000	Amount of Each Disbursement This Period 325.00	
Full Name, Mailing Address, and ZIP Code Philo Country Store Philo IL 61864-	Purpose of Disbursement Operating Expenditure Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 1371.62	
Full Name, Mailing Address, and ZIP Code Quill Corporation P.O. Box 94081 Palatine IL 60094-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 233.33	
Full Name, Mailing Address, and ZIP Code Federal Express 2001 Federal Way Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 13.52	
Full Name, Mailing Address, and ZIP Code VDC Music 602 E Bradley Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/13/2000	Amount of Each Disbursement This Period 25.00	
Full Name, Mailing Address, and ZIP Code Central Waste Service PO Box 3069 Champaign IL 61826-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 20.00	
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 22090.98	
SUBTOTALS of Disbursements This Page (Optional)				
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SCHEDULE B		ITEMIZED DISBURSEMENTS		155 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Premier Technologies P.O.Box 14064 Newark NJ 07198-0024	Purpose of Disbursement Operating Expenditure Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 740.78	
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 15.00	
Full Name, Mailing Address, and ZIP Code Joan Dylstra 311 Church Street Savoy IL 61874-	Purpose of Disbursement Operating Expenditure Reimbursement/Off Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 36.42	
Full Name, Mailing Address, and ZIP Code Illinois Power P.O. Box 511 Decatur IL 62525-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 272.46	
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/24/2000	Amount of Each Disbursement This Period 36.00	
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 1529.88	
Full Name, Mailing Address, and ZIP Code John Morris 1209 North High Paris IL 61944-	Purpose of Disbursement Operating Expenditure Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 84.65	
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 1338.21	
Full Name, Mailing Address, and ZIP Code Meleod USA 2302 Fox Dr Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 537.35	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	156 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Joan Dykstra 311 Church Street Savoy IL 61874-		Purpose of Disbursement Operating Expenditure Reimbursement/Offl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 616.76
Full Name, Mailing Address, and ZIP Code PDQ Printing 1802 N Lincoln Urbana IL 61801-		Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 449.11
Full Name, Mailing Address, and ZIP Code Internal Revenue Ser Kansas City MO 64999-0102		Purpose of Disbursement Operating Expenditure Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 336.56
Full Name, Mailing Address, and ZIP Code Strategic Marketing 2602 1/2 N Mattis Avenue Champaign IL 61822-		Purpose of Disbursement Operating Expenditure Fundrais- ing Expans Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 1320.00
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-		Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 08/18/2000	Amount of Each Disbursement This Period 18.00
Full Name, Mailing Address, and ZIP Code Busey Bank 201 W. Main Urbana IL 61801-		Purpose of Disbursement Operating Expenditure Loan Int- erest Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 09/04/2000	Amount of Each Disbursement This Period 4235.83
Full Name, Mailing Address, and ZIP Code Illinois Valley Pres 102 Parkinson Bloomington IL 61704-		Purpose of Disbursement Operating Expenditure Subscrip- tion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 32.00
Full Name, Mailing Address, and ZIP Code Taylor Publications 239 E. Court St. Kankakee IL 60901-		Purpose of Disbursement Operating Expenditure Advertis- ing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code AdvanceNet Inc. 100 Trade Center Champaign IL 61820-		Purpose of Disbursement Operating Expenditure Internet Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 126.00
SUBTOTALS of Disbursements This Page (Optional)					
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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	157 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Premier Technologies P.O.Box 14064 Newark NJ 07198-0024	Purpose of Disbursement Operating Expenditure Fax Service	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 140.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Charles Stephens 2609 Galen Drive Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Rent	Date (month, day, year) 08/16/2000	Amount of Each Disbursement This Period 800.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Federal Express 2001 Federal Way Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 23.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code PDQ Printing 1802 N Lincoln Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Printing	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 2350.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Lazer's Edge 1303 N. Mattis Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 49.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Reimbursement/Off	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 64.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Amanda Walker 8501 Laflin Street Chicago IL 60620-4701	Purpose of Disbursement Operating Expenditure Reimbursement/Comp	Date (month, day, year) 07/03/2000	Amount of Each Disbursement This Period 7197.81
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 07/21/2000	Amount of Each Disbursement This Period 81.12
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 1117.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Illinois Elks Lodge 2228 E. Maple Kankakee IL 60901-	Purpose of Disbursement Operating Expenditure Contribu- tion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 50.00	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 57.00	
Full Name, Mailing Address, and ZIP Code Times Press 115 Oak Street Sreator IL 61364-	Purpose of Disbursement Operating Expenditure Subscrip- tion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 25.50	
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Adminstr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/03/2000	Amount of Each Disbursement This Period 570.18	
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 15.00	
Full Name, Mailing Address, and ZIP Code Mobil 3604 N Mattis Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 235.42	
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Adminstr Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 570.18	
Full Name, Mailing Address, and ZIP Code Rick Winkel PO Box 1744 Champaign IL 61824-1744	Purpose of Disbursement Operating Expenditure Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/13/2000	Amount of Each Disbursement This Period 50.00	
Full Name, Mailing Address, and ZIP Code Meleod USA 2302 Fox Dr Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Phone Se- rvices Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 965.74	
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimbursement/Offi	Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 18.34
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Wirthlin Worldwide 1363 Beverly Road Mc Lean VA 22101-	Purpose of Disbursement Operating Expenditure Polling	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 3700.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Consulting Service	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 800.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimbursement/Para	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 22.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Tom Harpel 1711 W. South Shore Drive Mahomet IL 61853-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 30.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 24.39
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Champaign Chamber of 1817 S. Neil Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fundraising Expens	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 175.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code American Dowell 1712 W. Hensley Road Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 85.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code The Blade 125 W. Locust Fairbury IL 61739-	Purpose of Disbursement Operating Expenditure Newspaper Subscrip	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 30.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Danville Stadium 100 W. Main Danville IL 61832-	Purpose of Disbursement Operating Expenditure Baseball Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 28.40	
Full Name, Mailing Address, and ZIP Code K-Mart 800 W Bloomington Road Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/14/2000	Amount of Each Disbursement This Period 6.55	
Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Services-Research Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/17/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Lesley Barton 1817 Wildberry Drive Unit E Glenview IL 60025-	Purpose of Disbursement Operating Expenditure Services-Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 1335.21	
Full Name, Mailing Address, and ZIP Code Chrisman Leader PO Box 87 Chrisman IL 61824-	Purpose of Disbursement Operating Expenditure Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 16.00	
Full Name, Mailing Address, and ZIP Code Joe Sprengard 1216 Lancaster Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services-Volunteer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 403.58	
Full Name, Mailing Address, and ZIP Code PDQ Printing 1802 N Lincoln Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 325.32	
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/07/2000	Amount of Each Disbursement This Period 46119.00	
SUBTOTALS of Disbursements This Page (Optional)				
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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	161 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314	Purpose of Disbursement Operating Expenditure Television Advertl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 30540.45
Full Name, Mailing Address, and ZIP Code Premier Technologies P.O.Box 14064 Newark NJ 07198-0024	Purpose of Disbursement Operating Expenditure Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 260.53
Full Name, Mailing Address, and ZIP Code Campaign Products Plus 925 W. Adams Taylorville IL 62566	Purpose of Disbursement Operating Expenditure Advertising/Yard S Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 5940.31
Full Name, Mailing Address, and ZIP Code Sam's Club 915 W Marketview Drive Champaign IL 61822	Purpose of Disbursement Operating Expenditure Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/04/2000	Amount of Each Disbursement This Period 50.40
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 198.00
Full Name, Mailing Address, and ZIP Code Brownfield Sports 709 S Poplar Street Urbana IL 61802	Purpose of Disbursement Operating Expenditure Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/24/2000	Amount of Each Disbursement This Period 301.00
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960	Purpose of Disbursement Operating Expenditure Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 591.10
Full Name, Mailing Address, and ZIP Code Bundy Business Machi 1605 N Willis Champaign IL 61821	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 40.00
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960	Purpose of Disbursement Operating Expenditure Reimbursement/Trav Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 87.23

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B		ITEMIZED DISBURSEMENTS		162 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Illinois Power P.O. Box 511 Decatur IL 62525-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 301.94	
Full Name, Mailing Address, and ZIP Code WalMart 913 W. Marketview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Fund-Raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 3.81	
Full Name, Mailing Address, and ZIP Code Courier Cafe 111 Race Street Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/08/2000	Amount of Each Disbursement This Period 145.00	
Full Name, Mailing Address, and ZIP Code Mark Sheldon 306 Briar Lane Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Reimbursement/Alit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 913.00	
Full Name, Mailing Address, and ZIP Code WITY -	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/21/2000	Amount of Each Disbursement This Period 20.00	
Full Name, Mailing Address, and ZIP Code Dreamscape Design 1 Henson Place Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 2550.00	
Full Name, Mailing Address, and ZIP Code Jerry's IGA 312 Kirby Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 16.03	
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 591.10	
Full Name, Mailing Address, and ZIP Code Premier Technologies P.O.Box 14064 Newark NJ 07198-0024	Purpose of Disbursement Operating Expenditure Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 816.00	
SUBTOTALS of Disbursements This Page (Optional)				
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SCHEDULE B		ITEMIZED DISBURSEMENTS		163 / 171
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 450.93	
Full Name, Mailing Address, and ZIP Code AT&T Cable 303 E. Fairlawn Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 39.92	
Full Name, Mailing Address, and ZIP Code Joe Sprengard 1216 Lancaster Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services-Volunteer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 403.58	
Full Name, Mailing Address, and ZIP Code Annette Martin 1502 Golfview Drive Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Reimbursement/Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 1835.00	
Full Name, Mailing Address, and ZIP Code Kathy Nord RR 13, Box 146A Bloomington IL 61704-	Purpose of Disbursement Operating Expenditure Reimbursement/Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 1878.61	
Full Name, Mailing Address, and ZIP Code Central Waste Service PO Box 3069 Champaign IL 61826-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 20.00	
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Services-Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/03/2000	Amount of Each Disbursement This Period 591.05	
Full Name, Mailing Address, and ZIP Code Kinkos 505 S. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 313.50	
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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	164 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Potter Form and Tie 2500 North Shore Drive Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Office Repairs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 143.51
Full Name, Mailing Address, and ZIP Code Tuscola Review 115 W Gale Tuscola IL 61953-	Purpose of Disbursement Operating Expenditure Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 12.50
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 10000.00
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 104.60
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure TV & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 17000.00
Full Name, Mailing Address, and ZIP Code Illinois Power P.O. Box 511 Decatur IL 62525-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 282.61
Full Name, Mailing Address, and ZIP Code Mobil 3604 N Maitis Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 486.58
Full Name, Mailing Address, and ZIP Code Federal Express 2001 Federal Way Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 13.20
Full Name, Mailing Address, and ZIP Code Kevin Hart 158 Paddock Drive E Savoy IL 61874-	Purpose of Disbursement Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 07/26/2000	Amount of Each Disbursement This Period 175.00

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	165 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Internal Revenue Ser Kansas City MO 64999-0102	Purpose of Disbursement Operating Expenditure Taxes	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 1489.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Staples 2005 N. Prospect Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 93.42
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Town and Country Advertising PO Box 5104 Keytesville MO 65261-	Purpose of Disbursement Operating Expenditure Advertising	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 62.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Reimbursement/Offl	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 19.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Kinkos 505 S. Maitis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Printing	Date (month, day, year) 07/16/2000	Amount of Each Disbursement This Period 26.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Patriot Campaign Consultants PO Box 53 Towanda IL 61776-	Purpose of Disbursement Operating Expenditure Internet Design	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 1950.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Picadilly Beverage 1813 W Kirby Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Expen	Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 612.36
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services/Administr	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 570.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Staples 2005 N. Prospect Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Office Supplies	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 57.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	166 / 171
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Bloomington Pantagraph 301 W. Washington Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Subscription	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Pam Kinsey Melange Enterprises 500 N Dearborn suite 700 Chicago IL 60610-	Purpose of Disbursement Operating Expenditure Fund-raising Expen	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Joan Dylstra 311 Church Street Savoy IL 61874-	Purpose of Disbursement Operating Expenditure reimbursement/post	Date (month, day, year) 08/13/2000	Amount of Each Disbursement This Period 851.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Illinois Power P.O. Box 511 Decatur IL 62525-	Purpose of Disbursement Operating Expenditure Utilities	Date (month, day, year) 09/03/2000	Amount of Each Disbursement This Period 293.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services-Administr	Date (month, day, year) 09/10/2000	Amount of Each Disbursement This Period 718.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure postage	Date (month, day, year) 08/24/2000	Amount of Each Disbursement This Period 23.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 495.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services-Press	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 917.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code IL Dept. of Revenue 101 W. Jefferson Springfield IL 62704-	Purpose of Disbursement Operating Expenditure Taxes	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 689.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	168 / 171
			FOR LINE NUMBER 17
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 Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimbursement/Pers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 25.60
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			336478.84

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	169 / 171
				FOR LINE NUMBER 20c	
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 Dennis Andersh 4308 Curtis Meadow Drive Champaign IL 61821-	Purpose of Disbursement Refund of Contribution Exceeded Limit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 250.00		
Full Name, Mailing Address, and ZIP Code Bacon & Van Buskirk 801 South Neil Street Champaign IL 61824-	Purpose of Disbursement Refund of Contribution Corpora- te Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/14/2000	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code Shawn Coody 204 N. Rt 54 Roberts IL 60962-	Purpose of Disbursement Refund of Contribution Cash Do- nation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/03/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Jennings Implement 401 S. Washington St. Bement IL 61813-	Purpose of Disbursement Refund of Contribution Corpora- te Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/14/2000	Amount of Each Disbursement This Period 25.00		
Full Name, Mailing Address, and ZIP Code Mid-State Industries 908 Bob King Drive PO Box 68 Arcola IL 61910-	Purpose of Disbursement Refund of Contribution Corpora- te Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 250.00		
Full Name, Mailing Address, and ZIP Code Scott Reichard 107 Meadow Drive Urbana IL 61801-	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 1000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					3025.00

SCHEDULE C	LOANS	Use separate schedule(s) for each numbered line	170 / 171
(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			171 / 171
				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)					