

2001 MAR 15 P 12:36

March 13, 2001

Kimberly Willis
Reports Analysis Division
Federal Election Commission
999 "E" Street, NW
Washington, DC 20463

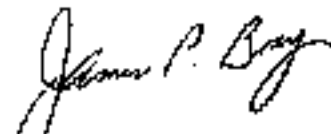
Dear Kimberly Willis,

I am writing you in response to your request for more information regarding our 30-Day Post-General Election Report (10/19/00-11/27/00). We have attached an amended report and addressed the mistakes made in our original report.

As part of your letter you mentioned contributors who were missing employer and occupation information on this report. We did show best efforts in obtaining this information. We have obtained most of the missing data not shown on the original report. For those whose information we are still missing we have shown "best efforts." Attached you will find the letter sent to each contributor sent within 30 days of their contribution as well as a follow-up phone call attempting to get this information. I have attached a sample of the letter we have sent to our contributors. In our letter we clearly ask for the missing information, inform the contributor of the requirements of federal law for the reporting of such information and send a return envelope.

We have not filed this report electronically because our password is not working. We have requested, via fax, a new password. We addressed all the issues in question in this amended report. If any more information is needed please contact us.

Sincerely,


James Bray

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

For An Authorized Committee
(Summary Page)

2001 MAR 15 P 12:36

1. NAME OF COMMITTEE (In full)

Friends of Tim Johnson	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 905 S. Nell	
CITY, STATE and ZIP CODE Champaign, IL 61820	STATE/DISTRICT IL 15

2. FEC IDENTIFICATION NUMBER

C00350421

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

- | | |
|---|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> 12 Day Pre-Election Report for the _____
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election on |
| <input type="checkbox"/> January 31 Year End Report | <u>11/07/2000</u> in the State of <u>IL</u> |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for

- Primary Election
 General Election
 Special Election
 Runoff Election

SUMMARY

5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</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(e))	\$156,711.54	\$919,907.34
(b) Total Contribution Refunds (From Line 20(d))	\$100.00	\$4,125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$156,611.54	\$915,782.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$204,133.89	\$1,230,221.20
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$204,133.89	\$1,230,221.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$65,872.22	
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)	\$244,719.19	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-6630
Local 202-694-1100

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

Jim Bray

Signature of Treasurer

Date

3/13/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Friends of Tim Johnson	Report Covering the Period: From: 10/19/2000 To: 11/27/2000	
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)	\$89,414.00	
(ii) Unitemized	\$14,308.00	
(iii) Total of contributions from Individual	\$83,722.00	\$633,384.00
(b) Political Party Committees	\$3,500.00	\$21,728.00
(c) Other Political Committees (such as PACs)	\$89,489.54	\$364,795.34
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(iii), (b), (c) and (d))	\$166,711.54	\$819,907.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$200,000.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$200,000.00
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)	\$156,711.54	\$1,119,907.34
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$204,133.89	\$1,230,221.20
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	\$100.00	\$3,875.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$250.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$100.00	\$4,125.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$204,233.89	\$1,234,346.20
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$113,394.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$156,711.54
25. SUBTOTAL (add Line 23 and Line 24)		\$270,106.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		\$204,233.89
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$65,872.22

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

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, either then or using the name and address of any person connected to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Spain 105 E. Church POTOMAC, IL 61855	Retired	10/31/2000	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	220.00	
B. Full Name, Mailing Address and Zip Code Lloyd Murphy 715 Lakeshore Drive Tuscola, IL 61853	Tuscola National Bank Banker	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	750.00	
C. Full Name, Mailing Address and Zip Code Max Mitchell 313 Floral Park Savoy, IL 61874	Coldwell Banker/Devonshire Realtor	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	400.00	
D. Full Name, Mailing Address and Zip Code Craig Hays 28 Greencroft Drive Champaign, IL 61821	C-U News Agency Newspaper Distributor	10/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Scott Reichard 107 Meadow Drive Urbana, IL 61801	Benefit Planning Consultants CPA	10/27/2000	199.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	449.00	
F. Full Name, Mailing Address and Zip Code Paul Tatman 2802 East Slayback Urbana, IL 61802	Tatman's Auto Body Owner	10/30/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code Alan Adams 502 E John Champaign, IL 61820		10/27/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	(BEST EFFORTS)

SUBTOTAL of Receipts This Page (optional)

\$1,719.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Adams P.O. Box 153 Ludlow, IL 60949		10/27/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		(BEST EFFORTS)
	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code Deb Feinen 1202 Mayfair Road Champaign, IL 61821-	Name of Employer Nalli, Hossis, and Bauer	Date (month, day, year) 10/20/2000	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 ->	300.00	
C. Full Name, Mailing Address and Zip Code Susan Balding 1201 Waverly Drive Champaign, IL 61821	Name of Employer Self-employed	Date (month, day, year) 11/16/2000	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 Artist		
	Aggregate Year-to-Date ->	300.00	
D. Full Name, Mailing Address and Zip Code Robert Reed 387 East State Route 54 Orarga, IL 60955	Name of Employer IDOT	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Highway Maintainer		
	Aggregate Year-to-Date ->	240.00	
E. Full Name, Mailing Address and Zip Code Doug Seimer 5944 E 2300 North Road Fithian, IL 61844-	Name of Employer	Date (month, day, year) 11/01/2000	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		(BEST EFFORTS)
	Aggregate Year-to-Date ->	220.00	
F. Full Name, Mailing Address and Zip Code James Turner 3407 Pebbelcreek Place Champaign, IL 61822-	Name of Employer University Auto Park	Date (month, day, year) 10/20/2000	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 Salesman		
	Aggregate Year-to-Date ->	450.00	
G. Full Name, Mailing Address and Zip Code Jeffery Jones RR 1, 60 Wesley Downs, IL 61736-	Name of Employer Self-employed	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist		
	Aggregate Year-to-Date ->	1,250.00	

SUBTOTAL of Receipts This Page (optional)	\$1,270.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Collins 503 McGee Road Urbana, IL 61802-	Collins Oil Occupation Owner	10/25/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	650.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Kuhne 907 S. McKinley Champaign, IL 61821-	Petry Kuhne Company Occupation Owner	10/26/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Keith 5 Hettinger Court Monticello, IL 61856-	Kraft Foods Occupation Raw Material Blender	10/21/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Daley 9571 Lagersfield Circle Vienna, VA 22181-	 Occupation	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	(BEST EFFORTS)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.E. Miller 2906 Station A Champaign, IL 61825-2960	U of I Occupation Administrative Affairs	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doyle Wiste 115 Cumberland Road Glendale, CA 91202-	 Occupation	10/26/2000	325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	325.00	(BEST EFFORTS)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doyle Wiste 115 Cumberland Road Glendale, CA 91202-	 Occupation	10/26/2000	325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	650.00	(BEST EFFORTS)

SUBTOTAL of Receipts This Page (optional)	\$1,850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Catherine Hurtgen Birch Lake Laona, WI 54541-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>B. Full Name, Mailing Address and Zip Code Kevin Kauffman 703 Pheasant Run Road Tuscola, IL 61953-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>C. Full Name, Mailing Address and Zip Code John Mast E Route 133 PO Box 67 Arcola, IL 61910-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer JM Representatives Occupation Owner, CEO</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>D. Full Name, Mailing Address and Zip Code Dawn Curry 321 N. CR 550 E Arcola, IL 61910-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period 250.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 250.00</p>			
<p>E. Full Name, Mailing Address and Zip Code Herbert Kaiser 315 S. Buchanan Monticello, IL 61856-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 500.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 500.00</p>			
<p>F. Full Name, Mailing Address and Zip Code Scott McPherson 515 N. Noble No. 604 Chicago, IL 60622-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 500.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 500.00</p>			
<p>G. Full Name, Mailing Address and Zip Code Larry Cramer Fairview Farm Sidell, IL 61876-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Receipt this Period 250.00 <i>(BEST EFFORTS)</i></p>
<p>Aggregate Year-to-Date -> 250.00</p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Janet Pope 1806 Maynard Drive Champaign, IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00 (BEST EFFORTS)
	Occupation	11/02/2000	
Aggregate Year-to-Date ->		1,000.00	
B. Full Name, Mailing Address and Zip Code Sherry Newton 1308 Kimela Drive Mahomet, IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00 (BEST EFFORTS)
	Occupation	11/07/2000	
Aggregate Year-to-Date ->		250.00	
C. Full Name, Mailing Address and Zip Code Alan Ryle 8 Dunlap Court Savoy, IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00 (BEST EFFORTS)
	Occupation	11/07/2000	
Aggregate Year-to-Date ->		250.00	
D. Full Name, Mailing Address and Zip Code Mary Kay Hirsbrunner 8 Crabtree Court RR 1, Box 5A Farmer City, IL 61842- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00 (BEST EFFORTS)
	Occupation	11/07/2000	
Aggregate Year-to-Date ->		1,000.00	
E. Full Name, Mailing Address and Zip Code W. Edward Webb 321 North Clark Street, Suite 3400 Chicago, IL 60610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00 (BEST EFFORTS)
	Occupation	11/21/2000	
Aggregate Year-to-Date ->		500.00	
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	\$12,339.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	1	OF	1
	FOR LINE NUMBER 11(b)			

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Illinois Republican Party PO Box 78 Springfield, IL 62705-0078	Name of Employer	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 2,500.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,500.00		

SUBTOTAL of Receipts This Page (optional)	\$2,500.00
TOTAL This Period (last page this line number only)	\$2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Walgreen Co. PAC 200 Wilmot Road M.S. #2255 Deerfield, IL 60015-	Name of Employer _____	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1,000.00
	Occupation _____	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
B. Full Name, Mailing Address and Zip Code Newport News Shipbuilding PAC 801 Pennsylvania Avenue, NW Suite 350 Washington, DC 20004-	Name of Employer _____	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 2,000.00
	Occupation _____	Aggregate Year-to-Date -> 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
C. Full Name, Mailing Address and Zip Code Motorola Civic Action Campaign Fund PAC 1350 I Street, NW Suite 400 Washington, DC 20005-	Name of Employer _____	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1,000.00
	Occupation _____	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	\$4,000.00

October 30, 2008

Name
Address
City, State, Zip Code

Dear Name,

I would like to take this opportunity to thank you for your contribution. This campaign would not have the strength and vigor it has gained without the financial help of my supporters and I sincerely appreciate your help in this capacity.

As you may know I am required by law as a congressional candidate to disclose certain information about my contributors to the Federal Election Commission (FEC). Included in this is the requirement that I disclose the employer and occupation of each individual who contributes \$200 to my campaign. We are currently missing this information from you in our records.

The FEC has very strict laws regarding this matter and will pursue all parties involved if this information is not enclosed. I sincerely appreciate your timely response. Because the consequences of failing to reply with all FEC statutes including heavy fines and possible jeopardy in this campaign, it is essential that we receive this information as soon as possible. You may call the campaign office at any time. If no one is present in the office at the time of your call, please feel free to leave a message on our confidential voice-mail.

If you prefer you may send the information by fax or e-mail. I truly appreciate your understanding and cooperation. Again, thank you for your support and I look forward to hearing from you soon.

Sincerely,

Timothy Johnson

PS (I sincerely apologize if you have been previously contacted regarding this matter. We have recently had computer and network difficulty and some of our data was lost as a result. I appreciate your patience.)

March 5, 2001

Name

Address

City, State, Zip Code

Dear Name,

Thank you for your contribution to our campaign. We appreciate your support. Federal Election Commission regulations require that we have the employer and occupation information of everyone who contributes in excess of \$200 to our campaign. As of March 5, 2001, we still have not received your information. Please send us this information in the enclosed envelope and return it to us as soon as possible.

Thank you for your time and assistance in this matter.

Sincerely,

Timothy V. Johnson

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
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