

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 24
10/25/2000 13 : 36

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

4. TYPE OF REPORT

- April 15 Quarterly Report
- Twelfth day report preceding General (election type)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report on _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only)
- Thirtieth day report following the General Election
- Termination report

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

SUMMARY

| 5. Covering period <u>10/01/2000</u> through <u>10/18/2000</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)) | 71052.82 | 764195.80 |
| (b) Total Contribution Refunds (from line 20(d)) | 0.00 | 4025.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 71052.82 | 760170.80 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from line 17) | 136238.47 | 1026087.31 |
| (b) Total Offsets to Operating Expenditures (from line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 136238.47 | 1026087.31 |
| 8. Cash on Hand at Close of Reporting Period (from line 27) | 113394.57 | 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) | 357170.70 | |

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

10/25/2000

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: 10/01/2000 To: 10/18/2000 | |
|---|---|---|
| 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) | 27830.00 | |
| (ii) Unitemized | 18295.00 | |
| (iii) Total of contributions from individuals | 46125.00 | 461912.00 |
| (b) Political Party Committees | 2200.00 | 18228.00 |
| (c) Other Political Committees (such as PACs) | 22727.82 | 294055.80 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) | 71052.82 | 764195.80 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | 100000.00 | 340000.00 |
| (b) All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOANS (add 13(a) and (b)) | 100000.00 | 340000.00 |
| 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) | 171052.82 | 1104195.80 |
| II. DISBURSEMENTS | | |
| 17. OPERATING EXPENDITURES | 136238.47 | 1026087.31 |
| 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 | 0.00 | 4025.00 |
| (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)) | 0.00 | 4025.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) | 136238.47 | 1030112.31 |
| III. CASH SUMMARY | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | 78580.22 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | | 171052.82 |
| 25. SUBTOTAL (add Line 23 and Line 24) | | 249633.04 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | | 136238.47 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | | 113394.57 |

| SCHEDULE A | | ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | 3 / 24 |
|--|--|--|--|---|---------------|
| | | | | 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 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 Executive Aggregate Year-to-Date > \$ 450.00 | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 200.00 | | |
| Full Name, Mailing Address, and ZIP Code Clive Folmer 302 E Sherwin Circle Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 100.00 | | |
| Full Name, Mailing Address, and ZIP Code Jim Berham 211 Stanga Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 200.00 | | |
| Full Name, Mailing Address, and ZIP Code Mark Stolkn 2409 N High Cross Road Urbana IL 61802-9644 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Rogers Chevrolet Occupation Automobile dealer Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | | |
| Full Name, Mailing Address, and ZIP Code Pat Fitzgerald 1212 Waverly Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Meyer, Capel Occupation Attorney Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code David Sholem 1102 West Amory Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Meyer, Capel Occupation Attorney Aggregate Year-to-Date > \$ 1250.00 | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code Jeff Hartman 505 South First Champaign IL 61825- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer JSM Apartments Occupation Aggregate Year-to-Date > \$ 2000.00 | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | |

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| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 4 / 24 |
| | | | FOR LINE NUMBER 11A1 |

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

| | | | |
|---|---|---------------------------------------|---|
| Full Name, Mailing Address, and ZIP Code Joe Lamb 3101 Glenhill Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Champaign Asphalt | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Owner | | |
| | Aggregate Year-to-Date > \$ 2000.00 | | |
| Full Name, Mailing Address, and ZIP Code Doug Mills 201 West Main Urbana IL 61805- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer First Busey Corporation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 750.00 |
| | Occupation Company president | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |
| Full Name, Mailing Address, and ZIP Code Jeff Wampler 1102 South Prospect Avenue Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Ervin, Martinkus & Cole | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation Attorney | | |
| | Aggregate Year-to-Date > \$ 1250.00 | | |
| Full Name, Mailing Address, and ZIP Code Roger Yarbrough 1105 Devonshire 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) 10/04/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 2000.00 | | |
| Full Name, Mailing Address, and ZIP Code Gene Lamb 1408 Waverly Drive Champaign IL 61821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 2000.00 | | |
| Full Name, Mailing Address, and ZIP Code Scott Anderson 2601 Prairie Meadow 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) 10/04/2000 | Amount of Each Receipt this Period 200.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| Full Name, Mailing Address, and ZIP Code Dave Kuhl 101 Greencroft Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Busey Bank | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation Banker | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| 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 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 Occupation Retired Aggregate Year-to-Date > \$ 450.00 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 40.00 |
| Full Name, Mailing Address, and ZIP Code Warren Pacey 312 South Cherry PO Box 35 Paxton IL 60957-0035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 600.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Jim Faron 2014 Bymabruk Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 50.00 |
| Full Name, Mailing Address, and ZIP Code Gordon Martin 109 West Pennsylvania Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 200.00 |
| 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 Occupation Retired Aggregate Year-to-Date > \$ 225.00 | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 50.00 |
| Full Name, Mailing Address, and ZIP Code Carl Meyer 2211 Eagle Ridge Road 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 Foundation Director Aggregate Year-to-Date > \$ 450.00 | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Tom Mengler 3341 Stoneybrook Champaign IL 61822- 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 > \$ 450.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 200.00 |
| 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 Dana Motley 1706 West Green Street Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self-employed Occupation Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 350.00 |
| Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Gary Melvin R.R. 1, Box 226 Sullivan IL 61951- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Rural King Occupation CEO Aggregate Year-to-Date > \$ 1500.00 | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 500.00 |
| Full Name, Mailing Address, and ZIP Code Greg Ryan 2803 Slayback Urbana 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > \$ 450.00 | Date (month, day, year) 10/03/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Paul Smith 2205 Boudreau Circle Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Smith Rentals Occupation Owner Aggregate Year-to-Date > \$ 650.00 | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 300.00 |
| Full Name, Mailing Address, and ZIP Code Howard Wakeland 2213 Combes Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Professor Aggregate Year-to-Date > \$ 549.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 400.00 |
| Full Name, Mailing Address, and ZIP Code L. F. Welch 2201 Vawter Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 390.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 150.00 |
| SUBTOTALS of Receipts This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | |

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Friends of Tim Johnson

| | | | |
|---|---|---------------------------------------|---|
| Full Name, Mailing Address, and ZIP Code Mark Miller P.O. Box 258 Coffey IL 61728- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Miller Insurance Agency | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation Owner | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| 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) 10/03/2000 | Amount of Each Receipt this Period 50.00 |
| | Occupation Circuit Judge | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| 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) 10/10/2000 | Amount of Each Receipt this Period 20.00 |
| | Occupation Circuit Judge | | |
| | Aggregate Year-to-Date > \$ 320.00 | | |
| Full Name, Mailing Address, and ZIP Code Eric Meyer 804 Pomona 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) 10/04/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation Property Management | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| Full Name, Mailing Address, and ZIP Code Richard Sheets 2005 Trout Valley Road 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) 10/06/2000 | Amount of Each Receipt this Period 200.00 |
| | Occupation Management Consultant | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| Full Name, Mailing Address, and ZIP Code Richard Sheets 2005 Trout Valley Road 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) 10/17/2000 | Amount of Each Receipt this Period 50.00 |
| | Occupation Management Consultant | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| Full Name, Mailing Address, and ZIP Code Anna Wall Scott 308 West Michigan Urbana IL 61801- 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) 10/04/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Professor | | |
| | Aggregate Year-to-Date > \$ 1550.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | |

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Friends of Tim Johnson

| | | | |
|--|--|---------------------------------------|---|
| 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) 10/10/2000 | Amount of Each Receipt this Period 100.00 |
| | Occupation Sales | | |
| | Aggregate Year-to-Date > \$ 220.00 | | |
| Full Name, Mailing Address, and ZIP Code Betty 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 | Date (month, day, year) 10/03/2000 | Amount of Each Receipt this Period 400.00 |
| | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |
| Full Name, Mailing Address, and ZIP Code Roy Block 110 Pleasant Drive, Box 425 Sidney IL 61877- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 200.00 |
| | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 1200.00 | | |
| Full Name, Mailing Address, and ZIP Code Marvin Perzee 1487 E 2500 North Road Ashkum IL 60811- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Timberlawn Farm | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 100.00 |
| | Occupation Owner | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| Full Name, Mailing Address, and ZIP Code James Ayers 114 S Charter Street Monticello IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Shonkewiler, Ayers & Rhoades | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 200.00 |
| | Occupation Attorney | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| 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) 10/04/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Executive | | |
| | Aggregate Year-to-Date > \$ 1500.00 | | |
| 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 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 40.00 |
| | Occupation Retail Sales | | |
| | Aggregate Year-to-Date > \$ 440.00 | | |
| 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 Michael Lynch 100 S. Fourth Street Box 303 Watseka IL 60970- | Name of Employer Occupation Insurance Broker | Date (month, day, year) 10/11/2000 | 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 > \$ 1100.00 | | |
| Full Name, Mailing Address, and ZIP Code Paul Schroeder 915 Bonnie Brae River Forest IL 60305- | Name of Employer Occupation Attorney | Date (month, day, year) 10/14/2000 | 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 > \$ 450.00 | | |
| Full Name, Mailing Address, and ZIP Code Phillip Block 1430 Lake Shore Dr. Chicago IL 60610- | Name of Employer Capitol Guardian Trust Co. Occupation Executive | Date (month, day, year) 10/18/2000 | 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 > \$ 750.00 | | |
| Full Name, Mailing Address, and ZIP Code Agnes Simms 208 N. White PO Box 558 Sidney IL 61877- | Name of Employer Occupation Realtor | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 350.00 | | |
| Full Name, Mailing Address, and ZIP Code Jerold Ramshaw 1303 Old Farm Road Champaign IL 61821- | Name of Employer Occupation Real estate broker | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1300.00 | | |
| Full Name, Mailing Address, and ZIP Code Richard Davidson 703 North Niles Street Tuscola IL 61955- | Name of Employer Self Occupation Dentist | Date (month, day, year) 10/05/2000 | Amount of Each Receipt this Period 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 300.00 | | |
| Full Name, Mailing Address, and ZIP Code Oscar Gaddy 608 Evergreen Court E Urbana IL 61801- | Name of Employer University of Illinois Occupation Professor Emeritus | Date (month, day, year) 10/17/2000 | 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 > \$ 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 | 10 / 24 |
| | | | FOR LINE NUMBER 11A1 |

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

| | | | |
|--|---|---------------------------------------|---|
| Full Name, Mailing Address, and ZIP Code R.O. Grant 1209 Garden Lane Champaign IL 61820- 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) 10/03/2000 | Amount of Each Receipt this Period 100.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 2100.00 | | |
| Full Name, Mailing Address, and ZIP Code Linda Perzee PO Box 155 Danforth IL 60930- 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) 10/03/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 500.00 | | |
| Full Name, Mailing Address, and ZIP Code Linda Perzee PO Box 185 Danforth IL 60930- 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) 10/14/2000 | Amount of Each Receipt this Period 40.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 540.00 | | |
| 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 John Bramfeld Law Office | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | | |
| | Aggregate Year-to-Date > \$ 350.00 | | |
| Full Name, Mailing Address, and ZIP Code Cathy Morgan P.O. Box 877 Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer | Date (month, day, year) 10/03/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 1000.00 | | |
| Full Name, Mailing Address, and ZIP Code Stephen Audire 1100 N. Lakeshore Dr. Apt. 37-C Chicago IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation | | |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| Full Name, Mailing Address, and ZIP Code Jeffrey Frederick 7 Goldfinch Savoy IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Johnson, Frank, Frederick & W | Date (month, day, year) 10/05/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Attorney | | |
| | 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 | | 11 / 24 |
|--|---|---|---|--------------------------------|
| | | 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 E. Michael Wambler P.O. Box 3902 Champaign IL 61821- | Name of Employer Occupation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 500.00 | | | |
| Full Name, Mailing Address, and ZIP Code Richard Reising P.O. Box 2776 Arlington VA 22202- | Name of Employer Occupation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1000.00 | | | |
| Full Name, Mailing Address, and ZIP Code Franchisee PAC P.O. Box 14261 Washington DC 20044- | Name of Employer Occupation | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1000.00 | | | |
| Full Name, Mailing Address, and ZIP Code Harry Bond 330 Berkshire Court Bourbonnais IL 60814- | Name of Employer Occupation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1000.00 | | | |
| Full Name, Mailing Address, and ZIP Code Raymond Timpane 710 W. Florida Urbana IL 61801- | Name of Employer Occupation | Date (month, day, year) 10/17/2000 | 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 Steven Hillard 1310 Cross Creek Mahomet IL 61855- | Name of Employer Johnson-Ross Corporation Occupation President | Date (month, day, year) 10/17/2000 | 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 Citizens for Cronin P.O. Box 6998 Villa Park IL 60181- | Name of Employer Occupation State Senator | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 500.00 | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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|-------------------|--------------------------|---|-----------------------------|
| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 12 / 24 |
| | | | 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 Ruth Diemer 17448 N. 1200 East Rd. Pontiac IL 61764- | Name of Employer | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation Farmer | | |
| | 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 Rick Beyers 411 Smith St. Westville IL 61883- | Name of Employer Enulsicoat Inc. | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 250.00 |
| | Occupation Vice President | | |
| | 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 Barbara Wells PO Box 208 Green Village NJ 07935- | Name of Employer Self | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Investor | | |
| | 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 Peter Drake 255 Mayflower Road Lake Forest IL 60045- | Name of Employer Prudential Securities | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Investment Banker | | |
| | 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 Greeley Wells PO Box 208 Green Village NJ 07935- | Name of Employer Self | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation Investor | | |
| | Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Aggregate Year-to-Date > \$ 1000.00 | | | |

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| SUBTOTALS of Receipts This Page (Optional) | |
| TOTALS This Period (last page this line number only) | 27830.00 |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 13 / 24 |
|--|-------------------------------------|---|---|-------------------------------|
| | | 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 Majority Leader Fund Honorable Dick Arney P.O. Box 995 Lewisville TX 75067- | Name of Employer Occupation | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 1512.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 9570.00 | | | |
| Full Name, Mailing Address, and ZIP Code Bank One Corporation PAC One First National Plaza Chicago IL 60690- | Name of Employer Occupation | Date (month, day, year) 10/06/2000 | 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 > \$ 3500.00 | | | |
| Full Name, Mailing Address, and ZIP Code Fund For A Free Market America 613 S. Taylor Street Arlington VA 22204- | Name of Employer Occupation | Date (month, day, year) 10/18/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 2000.00 | | | |
| Full Name, Mailing Address, and ZIP Code Philip Morris PAC 120 Park Avenue New York NY 10017- | Name of Employer Occupation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 5000.00 | | | |
| Full Name, Mailing Address, and ZIP Code RJR PAC 1455 Pennsylvania Avenue, NW Suite 925 Washington DC 20004- | Name of Employer Occupation | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1500.00 | | | |
| Full Name, Mailing Address, and ZIP Code La Salle PAC Washington DC 20005- | Name of Employer Occupation | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1200.00 | | | |
| Full Name, Mailing Address, and ZIP Code AGC PAC 333 John Carlyle Street, Suite 200 Alexandria VA 22314- | Name of Employer Occupation | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 2500.00 | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 14 / 24 |
|--|--|---|--|-------------------------------|
| | | 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 AGC PAC 333 John Carlyle Street, Suite 200 Alexandria VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 3500.00 | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code Citizens for Clear 115 Concord Lane Bolingbrook IL 60440-1417 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code ACA PAC 1701 Clarendon Blvd. Arlington VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00 | Date (month, day, year) 10/06/2000 | Amount of Each Receipt this Period 2000.00 | |
| Full Name, Mailing Address, and ZIP Code Union Pacific Fund 800 13th St., NW Suite 340 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 2500.00 | |
| Full Name, Mailing Address, and ZIP Code American Success PAC 1155 21st Street, N.W. Ste. 300 Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code Abate of Illinois 311 E. Main St., #418 Galesburg IL 61401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 10/10/2000 | Amount of Each Receipt this Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code Manzula for Congress P.O. Box 7783 Rockford IL 61126- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 10/11/2000 | Amount of Each Receipt this Period 1000.00 | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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|-------------------|--------------------------|---|-------------------------------|
| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 15 / 24 |
| | | | FOR LINE NUMBER 11C |

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

| | | | |
|---|------------------------------------|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code Activator 1701 Towards Ave. Bloomington IL 61701- | Name of Employer | Date (month, day, year) 10/04/2000 | Amount of Each Receipt this Period 215.00 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 215.00 | | |

| | | | |
|---|------------------------------------|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code ITW PAC 3600 W. Lake Ave. Glenview IL 60025- | Name of Employer | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation | | |
| 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 FMC PAC 200 East Randolph Dr. Chicago IL 60601- | Name of Employer | Date (month, day, year) 10/14/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation | | |
| 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 CNA Citizens For Good Govern- ment CNA Plaza Chicago IL 60685- | Name of Employer | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 1000.00 |
| | Occupation | | |
| 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 CVF PAC 104 North Carolina Ave. Washington DC 20005- | Name of Employer | Date (month, day, year) 10/17/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 500.00 | | |

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|--|------------------------------------|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code Wine and Spirits PAC 605 15th St., N.W., Suite 430 Washington DC 20005- | Name of Employer | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 500.00 |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 500.00 | | |

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only) **22727.82**

| SCHEDULE A | | ITEMIZED RECEIPTS | | 16 / 24 |
|--|--|---|---|-------------------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 11B |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. | | | | |
| NAME OF COMMITTEE (In Full) Friends of Tim Johnson | | | | |
| Full Name, Mailing Address, and ZIP Code Livingston Co. Republican Central Commit 1318 S. Mill Pontiac IL 61764 | Name of Employer Occupation | Date (month, day, year) 10/11/2000 | 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 > 5 200.00 | | | |
| Full Name, Mailing Address, and ZIP Code Livingston Co. Republican Central Commit 1318 S. Mill Pontiac IL 61764 | Name of Employer Occupation | Date (month, day, year) 10/11/2000 | Amount of Each Receipt this Period 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > 5 2200.00 | | | |
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| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | 2200.00 |

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 17 / 24 |
| | | | 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 Keelen Communications PO Box 2776 Arlington VA 22202- | Purpose of Disbursement Operating Expenditure Fund-raising Expen | Date (month, day, year) 10/15/2000 | 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 Mobil 3604 N Mattis Champaign IL 61820- | Purpose of Disbursement Operating Expenditure Travel Expenses | Date (month, day, year) 10/15/2000 | Amount of Each Disbursement This Period 953.06 |
| | 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) 10/06/2000 | Amount of Each Disbursement This Period 217.71 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |
| Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701- | Purpose of Disbursement Operating Expenditure Printing | Date (month, day, year) 10/15/2000 | Amount of Each Disbursement This Period 446.88 |
| | 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) 10/03/2000 | Amount of Each Disbursement This Period 100.00 |
| | 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) 10/17/2000 | Amount of Each Disbursement This Period 15.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |
| Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701- | Purpose of Disbursement Operating Expenditure Printing | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 3372.39 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |
| Full Name, Mailing Address, and ZIP Code Jack Johnson 642 N Sangamon Gibson City IL 60936- | Purpose of Disbursement Operating Expenditure Reimbursements/Tra | Date (month, day, year) 10/03/2000 | Amount of Each Disbursement This Period 993.50 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |
| Full Name, Mailing Address, and ZIP Code Quill Corporation P.O. Box 94081 Palatine IL 60094- | Purpose of Disbursement Operating Expenditure Office Supplies | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 19.32 |
| | 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

FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

| | | | |
|--|---|---|---|
| <p>Full Name, Mailing Address, and ZIP Code Dreamscape Design 1 Henson Place Champaign IL 61820-</p> | <p>Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/15/2000</p> | <p>Amount of Each Disbursement This Period 1745.00</p> |
| <p>Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-</p> | <p>Purpose of Disbursement Operating Expenditure Reimbursement/Para Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/15/2000</p> | <p>Amount of Each Disbursement This Period 50.00</p> |
| <p>Full Name, Mailing Address, and ZIP Code Fasprint 33 E. Green Champaign IL 61820-</p> | <p>Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/10/2000</p> | <p>Amount of Each Disbursement This Period 393.66</p> |
| <p>Full Name, Mailing Address, and ZIP Code Kathy Michael 110 Diane Lane PO Box 184 Lexington IL 61753-</p> | <p>Purpose of Disbursement Operating Expenditure Reimbursement/ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/08/2000</p> | <p>Amount of Each Disbursement This Period 44.72</p> |
| <p>Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-</p> | <p>Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/17/2000</p> | <p>Amount of Each Disbursement This Period 47088.65</p> |
| <p>Full Name, Mailing Address, and ZIP Code WJBC 1701 E. Empire Street Bloomington IL 61704-</p> | <p>Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/16/2000</p> | <p>Amount of Each Disbursement This Period 1251.00</p> |
| <p>Full Name, Mailing Address, and ZIP Code WJEZ 315 N. Mill Street Pontiac IL 61764-</p> | <p>Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/16/2000</p> | <p>Amount of Each Disbursement This Period 700.00</p> |
| <p>Full Name, Mailing Address, and ZIP Code Activator 1701 Towards Ave. Bloomington IL 61701-</p> | <p>Purpose of Disbursement In-Kind Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/04/2000</p> | <p>Amount of Each Disbursement This Period 215.80</p> |
| <p>Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-</p> | <p>Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p> | <p>Date (month, day, year) 10/10/2000</p> | <p>Amount of Each Disbursement This Period 800.00</p> |
| <p>SUBTOTALS of Disbursements This Page (Optional)</p> | | | |
| <p>TOTALS This Period (last page this line number only)</p> | | | |

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 19 / 24 |
| | | | FOR LINE NUMBER 17 |

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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) 10/08/2000 | Amount of Each Disbursement This Period 217.52 |
| Full Name, Mailing Address, and ZIP Code McLeod USA 2302 Fox Dr Champaign IL 61820 | 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) 10/08/2000 | Amount of Each Disbursement This Period 1162.54 |
| Full Name, Mailing Address, and ZIP Code C&U Poster 704 N. Neil Street 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) 10/03/2000 | Amount of Each Disbursement This Period 3046.00 |
| 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) 10/17/2000 | Amount of Each Disbursement This Period 164.72 |
| 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) 10/15/2000 | Amount of Each Disbursement This Period 20.00 |
| 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) 10/05/2000 | Amount of Each Disbursement This Period 15.00 |
| 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) 10/08/2000 | Amount of Each Disbursement This Period 867.73 |
| Full Name, Mailing Address, and ZIP Code WCZQ Monticello IL 61856 | 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) 10/13/2000 | Amount of Each Disbursement This Period 800.00 |
| 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) 10/06/2000 | Amount of Each Disbursement This Period 7200.00 |

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 20 / 24 |
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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/Offl Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 21.16 |
| Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314- | Purpose of Disbursement Operating Expenditure Television & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | Date (month, day, year) 10/05/2000 | Amount of Each Disbursement This Period 51710.71 |
| Full Name, Mailing Address, and ZIP Code John Morris 1209 North High Paris IL 61944- | Purpose of Disbursement Operating Expenditure Services/Field Dir Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 2386.90 |
| Full Name, Mailing Address, and ZIP Code Peter Fox 1118 West Amory Champaign IL 61821- | 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) 10/08/2000 | Amount of Each Disbursement This Period 557.00 |
| 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) 10/15/2000 | Amount of Each Disbursement This Period 193.50 |
| Full Name, Mailing Address, and ZIP Code Charles Stephens 2609 Galen Drive Champaign IL 61821- | 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) 10/08/2000 | Amount of Each Disbursement This Period 800.00 |
| 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) 10/08/2000 | Amount of Each Disbursement This Period 591.10 |
| Full Name, Mailing Address, and ZIP Code William Razzano 728 S. Third St. Watseka IL 60970- | 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) 10/15/2000 | Amount of Each Disbursement This Period 730.00 |
| 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) 10/15/2000 | Amount of Each Disbursement This Period 273.48 |

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 21 / 24 |
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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) 10/16/2000 | Amount of Each Disbursement This Period 1000.00 |
| Full Name, Mailing Address, and ZIP Code Biaggi's Restaurant 2235 S. Neil Champaign IL 61820- | Purpose of Disbursement Operating Expenditure Fund-raising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | Date (month, day, year) 10/02/2000 | Amount of Each Disbursement This Period 932.16 |
| 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) 10/08/2000 | Amount of Each Disbursement This Period 552.48 |
| Full Name, Mailing Address, and ZIP Code Dave's Restaurant 123 S. Main Street Homer IL 61849- | Purpose of Disbursement Operating Expenditure Office Materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 262.27 |
| 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) 10/08/2000 | Amount of Each Disbursement This Period 121.70 |
| 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) 10/17/2000 | Amount of Each Disbursement This Period 396.00 |
| 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) 10/10/2000 | Amount of Each Disbursement This Period 462.00 |
| Full Name, Mailing Address, and ZIP Code WHPO 627 N. Market Street Hoopeston IL 60942- | 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) 10/13/2000 | Amount of Each Disbursement This Period 400.00 |
| 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) 10/11/2000 | Amount of Each Disbursement This Period 82.06 |

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 22 / 24 |
| | | | 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 | Date (month, day, year) 10/08/2000 | 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 Wilson Grand 429 N. Street Asaph Alexandria VA 22314- | Purpose of Disbursement Operating Expenditure Consulti- ng Service | Date (month, day, year) 10/15/2000 | Amount of Each Disbursement This Period 767.72 |
| | 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 Reimburs- ement/Off | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 57.87 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |
| Full Name, Mailing Address, and ZIP Code PDQ Printing 1802 N Lincoln Urbana IL 61801- | Purpose of Disbursement Operating Expenditure Printing | Date (month, day, year) 10/08/2000 | Amount of Each Disbursement This Period 96.80 |
| | 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 Reimburs- ement/ | Date (month, day, year) 10/15/2000 | Amount of Each Disbursement This Period 298.75 |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other | | |

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| SUBTOTALS of Disbursements This Page (Optional) | |
| TOTALS This Period (last page this line number only) | 135685.96 |

| SCHEDULE C <small>(Revised 3/80)</small> | | LOANS | | 23 / 24 |
|--|---|---|--|-------------------------------|
| | | | <small>Use separate schedule(s) for each numbered line</small> | 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(%) = .0650 <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 | | | | |
| Full Name, Mailing Address, and ZIP Code of Loan Source First State Bank of Monticello 201 West Main Street PO Box 260 Monticello IL 61856- Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Original Amount of Loan 100000.00 REF-ID : LS102020002C2771 | Cumulative Payment to Date 0.00 | Balance Outstanding at Close of This Period 100000.00 | |
| TERMS: Date Incurred: 10/05/2000 Date Due: Interest Rate(%) = .0700 <input checked="" type="checkbox"/> Secured | | | | |
| SUBTOTALS This Period This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | 340000.00 |
| <small>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary</small> | | | | |

