

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Friends of Tim Johnson		2000 MAR - 0 P 2:55
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 17097		
CITY, STATE and ZIP CODE Urbana, IL 61803	STATE/DISTRICT 15	2. FEC IDENTIFICATION NUMBER C00350421
		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the Primary (Type of Election)
election on March 21 in the State of Illinois

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

30-Day Post-Election Report following the General Election
on _____ in the State of _____

Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/01/2000</u> through <u>2/29/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	114,761	114,761
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	114,761	114,761
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	252,314.16	252,314.16
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	252,314.16	252,314.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	51,757.92	For further information contact: Federal Election Commission 900 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-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	150,000.00	

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 James P. Bray	Date 3/7/2000
Signature of Treasurer 	

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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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: 1/1/2000 To: 2/29/2000	
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) -----	114,761	
(ii) Unitemized -----		
(iii) Total of contributions from Individuals -----	114,761	114,761
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	114,761	114,761
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	150,000	150,000
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----	150,000	150,000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
18. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	264,761	264,761
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	252,314.16	252,314.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	252,314.16	252,314.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 39,311.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 18) -----	\$ 264,761.00
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 304,072.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 252,314.16
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 51,757.92

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMB 11(a)

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 commere 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

<p>A. Full Name: ACKERMAN, ANTHONY 713 PHOENIX DR. Champaign IL 61820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: INSURANCE RISK AGRS</p> <p>Occupation: AGENT</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 2/3/00</p>	<p>Amount of Each Receipt this Period: 250.-</p>
<p>B. Full Name, Mailing Address and ZIP Code: ADAMS, CHARLES 21 SAINT ANDREWS Mattoon IL 61938</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: HOWELL ASPHALT</p> <p>Occupation: CONTRACTOR</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 2/4/00</p>	<p>Amount of Each Receipt this Period: 1,000.-</p>
<p>C. Full Name, Mailing Address and ZIP Code: ALEXANDER, JOHN 7757 W.S.RT. 136 P.O. BO Potomac IL 61865</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:</p> <p>Occupation:</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 1/28/00</p>	<p>Amount of Each Receipt this Period: 25.-</p>
<p>D. Full Name, Mailing Address and ZIP Code: AMERICAN MEDICAL AS 1101 VERMONT AVE NW Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:</p> <p>Occupation:</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 2/4/00</p>	<p>Amount of Each Receipt this Period: 5,000.-</p>
<p>E. Full Name, Mailing Address and ZIP Code: ANDERSON, SCOTT 2801 PRAIRIE MEADOW Champaign IL 61821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:</p> <p>Occupation:</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 1/25/00</p>	<p>Amount of Each Receipt this Period: 50.-</p>
<p>F. Full Name, Mailing Address and ZIP Code: ANDERSON, W. G. 1001 BRIGHTON DRIVE Urbana IL 61801</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer:</p> <p>Occupation:</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 2/24/00</p>	<p>Amount of Each Receipt this Period: 10.-</p>
<p>G. Full Name, Mailing Address and ZIP Code: ANGELO, DEL 2103 CROSSGATE COURT CHAMPAIGN IL 61822</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer: REATA, INC.</p> <p>Occupation: SECRETARY/TREASURER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year): 2/2/00</p>	<p>Amount of Each Receipt this Period: 500.-</p>

SUBTOTAL of Receipts This Page (optional)

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

PAGE 2 OF 48
FOR LINE NUMB:
11(6)

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NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

<p>A. Full Name, Mailing Address and ZIP Code APFELBAUM, LARRY A. RR3 BOX 446 Bloomington IL 61704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>1/28/00</i></p>	<p>Amount of Each Receipt this Period <i>25.-</i></p>
<p>B. Full Name, Mailing Address and ZIP Code APPLETON, HELEN P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>1/19/00</i></p>	<p>Amount of Each Receipt this Period <i>150.-</i></p>
<p>C. Full Name, Mailing Address and ZIP Code ARMSKONG, DON 703 LA SELL Champaign IL 61820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>NORTHWESTERN MUTUAL</i></p> <p>Occupation <i>AGENT</i></p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>2/3/00</i></p>	<p>Amount of Each Receipt this Period <i>250.-</i></p>
<p>D. Full Name, Mailing Address and ZIP Code ARROL MD, ROBERT N. Arcola IL 61910</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>1/28/00</i></p>	<p>Amount of Each Receipt this Period <i>25.-</i></p>
<p>E. Full Name, Mailing Address and ZIP Code BAILEY, PAUL A. 1 COUNTRY LANE Mattoon IL 61938</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>HOWELL ASPHALT</i></p> <p>Occupation <i>CONTRACTOR</i></p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>2/4/00</i></p>	<p>Amount of Each Receipt this Period <i>500.-</i></p>
<p>F. Full Name, Mailing Address and ZIP Code Baker, Blaine 107 Park Street Royal IL 61871</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>1/21/00</i></p>	<p>Amount of Each Receipt this Period <i>25.-</i></p>
<p>G. Full Name, Mailing Address and ZIP Code BALDING, JEFFREY H. 504 S. NEIL STREET Champaign IL 61820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) <i>2/11/00</i></p>	<p>Amount of Each Receipt this Period <i>300.-</i></p>

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER 1160

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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
BARRETT, JOHN 12500 S. 91ST AVE. Palos Park IL 60464 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		1/10/00	500.-
Occupation		Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code BARTELL, GLENNA M. 521 EDEN PARK DR. Rantoul IL 61866 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/8/00	50.-
Occupation		Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code BARTH, ROBERT 1302 E. TWP. RD 319 Cissna Park IL 60924 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		1/28/00	50.-
Occupation		Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code BASH, HOMER H. 1414 WAVERLY DR. Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/07/00	25.-
Occupation		Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code BATES, JAMES M. P.O. BOX 998 Tolono IL 61880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/22/00	50.-
Occupation		Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code BLEDON, ROBERT 1108 S. NEW Champaign IL 61820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	2/20/00	15.-
Occupation		Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code BENJAMIN, ALAN L. P.O. BOX 364 Watseka IL 60970 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/19/00	40.-
Occupation		Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 1161

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code BERNS, THOMAS B. 109 WHITEHALL COURT Urbana IL 61801		Name of Employer BERNS & CLANCY	Date (month, day, year) 1/26/00	Amount of Each Receipt this Period 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ENGINEER	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code BIBBY JR, JOHN 425 W. NORTH STREET Hinsdale IL 60521		Name of Employer	Date (month, day, year) 1/09/00	Amount of Each Receipt this Period 75.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code BIDDLE, F. DAVID 2526 BRETT DRIVE Champaign IL 61821		Name of Employer BIDDLE LAWN CARE	Date (month, day, year) 1/25/00	Amount of Each Receipt this Period 75.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OWNER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code BIELFELDT, DONALD W. P.O. BOX 6 Anchor IL 61720		Name of Employer	Date (month, day, year) 2/18/00	Amount of Each Receipt this Period 100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code BLACK, CITIZENS FOR BI LL P.O. BOX 242 Danville IL 61832		Name of Employer STATE REPRESENTATIVE STATE of ILLINOIS	Date (month, day, year) 1/31/00	Amount of Each Receipt this Period 1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation REPRESENTATIVE	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code BLEICH, JERALD OR KAR 2758 E. 3800 NORTH RD. Rankin IL 60960		Name of Employer	Date (month, day, year) 1/22/00	Amount of Each Receipt this Period 50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code BOLEN, RICHARD 4000 CLUBHOUSE DR. Champaign IL 61821		Name of Employer	Date (month, day, year) 2/14/00	Amount of Each Receipt this Period 400.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 1100

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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
BOLLINGER, WALTER A. 2018 BERKSHIRE PLACE Wheaton IL 60187		1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BOWMAN JR, LOUIS 851 BELL LN. Winnetka IL 60093		1/10/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BORDERS, JAMES R. 725 N. MARKET Hoopston IL 60942		1/26/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRANZ, JOHN G. 198 JEANETTE ST. Herscher IL 60941		2/4/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRAY, ALVIN A. 606 W. ILLINOIS Urbana IL 61801		2/18/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRUNER, JAMES P. 202 CAROBETH DRIVE Jacksonville IL 62650	ILLINOIS VALLEY PHONE Co.	1/11/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRUNNER, ROBERT W. 4001 E. WASHINGTON ST Urbana IL 61802	RETIRED	1/31/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER 1182

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>BRUNO, THOMAS A. 1109 W. PARK AVE. Champaign IL 61821</p>		<p>Name of Employer</p> <p>SELF EMPL.</p>	<p>Date (month, day, year)</p> <p>2/03/00</p>	<p>Amount of Each Receipt This Period</p> <p>250.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>ATTORNEY</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>BRYAN, THOMAS B. 300 INDIAN HILLS DR. Rantoul IL 61866</p>		<p>Name of Employer</p> <p>BANK of RANTOUL</p>	<p>Date (month, day, year)</p> <p>2/16/00</p>	<p>Amount of Each Receipt This Period</p> <p>250.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>BANKER</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>BUCHMAN, LAURENCE 2044 GREENSBORO Wheaton IL 60187</p>		<p>Name of Employer</p> <p>TENG & ASSOCIATES</p>	<p>Date (month, day, year)</p> <p>1/10/00</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>MANAGER of CONSTRUCTION</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>BURSON-MARSTELLER P 1801 K. ST. NW, STE. 901L Washington DC 20006</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>1/04/00</p>	<p>Amount of Each Receipt This Period</p> <p>500.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>BURGARD, WARREN E. 1202 MCHENRY Urbana IL 61801</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>1/22/00</p>	<p>Amount of Each Receipt This Period</p> <p>25.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>BURCHARD, LUKE L. 1205 S. OAK CREEK Mahomet IL 61853</p>		<p>Name of Employer</p> <p>CHRISTIE CLINIC</p>	<p>Date (month, day, year)</p> <p>2/03/00</p>	<p>Amount of Each Receipt This Period</p> <p>250.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>DOCTOR</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>BURWASH, RICHARD H. 3 LAKE PARK DRIVE CHAMPAIGN IL 61822</p>		<p>Name of Employer</p> <p>RETIRED</p>	<p>Date (month, day, year)</p> <p>2/2/00</p>	<p>Amount of Each Receipt This Period</p> <p>249.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

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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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 other 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

<p>A. Full Name, Mailing Address and ZIP Code BUTLER, BARBARA A. 401 S. WATER STREET Saint Joseph IL 61873</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/25/00</p>	<p>Amount of Each Receipt this Period 10.-</p>
<p>B. Full Name, Mailing Address and ZIP Code CAISLEY IL. W. THOMAS 310 CLAY ST. Normal IL 61761</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/12/00</p>	<p>Amount of Each Receipt this Period 25.-</p>
<p>C. Full Name, Mailing Address and ZIP Code CAPEL, MARY 8 GREENCROFT Champaign IL 61821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/8/00</p>	<p>Amount of Each Receipt this Period 500.-</p>
<p>D. Full Name, Mailing Address and ZIP Code CARNAHAN, BEN C. 8641 GLENBURN CREEK Oakwood IL 61858</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/9/00</p>	<p>Amount of Each Receipt this Period 100.-</p>
<p>E. Full Name, Mailing Address and ZIP Code CELLINI, WILLIAM 2166 WIGGINS AVE. Springfield IL 62704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer WILLIAM F. CELLINI</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/6/00</p>	<p>Amount of Each Receipt this Period 1,000.-</p>
<p>F. Full Name, Mailing Address and ZIP Code CENTIOLI, GERARD P.O. BOX 463 Winnetka IL 60093</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/00</p>	<p>Amount of Each Receipt this Period 100.-</p>
<p>G. Full Name, Mailing Address and ZIP Code CESARIO, LOUIS 334 CLARE DRIVE Bloomington IL 61108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 1/13/00</p>	<p>Amount of Each Receipt this Period 1,000.-</p>

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHIAPPINELLI, JANE 1511 DEVONSHIRE CT. Champaign IL 61821	SELF	2/3/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code CHIPPARONI, G. J. 1016 SHERIDAN RD Wilmette IL 60091	MEMBER, LESNIK COMMUNITARIANS	1/10/00	1,500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code CHORLE, ERHARD R. 1427 W. LILL Chicago IL 60614	SHEPBY & FAULCH	1/10/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code CHENAULT, WOODROW 1074 BUCKS POND RD Monticello IL 61856		2/13/00	145.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code COE, LYNN 368 BATEMAN ROAD Barrington IL 60010		1/10/00	300.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code CLARK, BETTY M. 1504 S. VINE ST. Urbana IL 61801		2/14/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Clausen, L. Dean 4007 Riverknoll Drive Champaign IL 61821	BANK CHAMPAIGN	1/24/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim Soloway

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
COLE, DUANE 2903 CRESTRIDGE DRIVE CHAMPAIGN IL 61822	NORTHERN ILL WATER Co.	2/3/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGEMENT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code COLLINS, CHARLES & D 503 MCGEE RD. Urbana IL 61802	Name of Employer	Date (month, day, year) 1/26/00	Amount of Each Receipt This Period 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code COLLINS, ELIZABETH M. 2315 FIELDS SOUTH DR. Champaign IL 61822	Name of Employer	Date (month, day, year) 2/19/00	Amount of Each Receipt This Period 25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code COMMUNITY BANKERS 901 COMMUNITY DRIVE Springfield IL 62703	Name of Employer SAME	Date (month, day, year) 2/18/00	Amount of Each Receipt This Period 250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code CORLEY, JOHN 1200 N. STATE Monticello IL 61856	Name of Employer First State Bank	Date (month, day, year) 2/14/00	Amount of Each Receipt This Period 250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code CONRARDY, THOMAS 2834 W. CATALPA AVE. Chicago IL 60625	Name of Employer	Date (month, day, year) 1/10/00	Amount of Each Receipt This Period 1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code COOK, L. SCOTT 2314 COUNTY RD 1150 N. Sidney IL 61877	Name of Employer CARLE CLINIC	Date (month, day, year) 2/22/00	Amount of Each Receipt This Period 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$	

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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 Sullivan

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cooper, Tom RR 2 Box 340 Clinton IL 61727		1/22/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code COVINTON, JIM 718 S. PARK Springfield IL 62703		2/07/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code COZAD, KRISTEN 2912 ROBESON PARK DR Champaign IL 61821	HOUSEWIFE	2/3/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code CURTIS, PAUL E. 3902 S. DUNCAN ROAD Champaign IL 61822		2/24/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code CRAWMER, DANIEL R. 806 W. PARK Champaign IL 61820	GREEN STREET REALTOR	1/17/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REALTOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code CRAWMER, KATHLEEN 806 W. PARK Champaign IL 61820	Carle Clinic	1/17/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Tech.	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code CYRULIK, MARK P.O. BOX 281 Clinton IL 61727		1/14/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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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 JANSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DALTON, GARY C. 408 BRIARFIELD CT. Mabomet IL 61853	Occupation	2/6/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANFORTH, ARTHUR L. 430 N. THIRD P.O. BOX 97 Cissna Park IL 60924	Occupation	2/24/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANIELS, FRIENDS OF Lee. P.O. BOX 33 Elmhurst IL 60126	Occupation STATE REPRESENTATIVE	1/31/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVIDSON, JOHN A. 2509 S. GLENWOOD Springfield IL 62704	Occupation	1/27/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DECKER, ALVIN 924 COUNTY RD 1700 E. Philo IL 61864	Occupation	2/8/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DEMUZIO, MARLENE 1400 N. STATE PKY., NO Chicago IL 60610	Occupation	2/7/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DIFRISCO, DOMINIC 1340 N. ASTOR ST APT 14 Chicago IL 60610	Occupation	1/10/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

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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
DOCTER, TIMOTHY E. 312 WALNUT DR. Collinsville IL 62234	MACLAIR ASPHALT	2/04/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONTRACTOR	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONOVAN, DAVID J. 1072 N. 900 E. ROAD Melvin IL 60952		2/24/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DOOLEY, LEE ANNE 1113 W. HILL Urbana IL 61801		2/25/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DRAZEK, ALAN 7831 CHURCHILL Morton Grove IL 60053		1/10/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DUCEY, MICHAEL F. 1805 MORaine Champaign IL 61821		2/19/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DUCHOSSOIS INDUSTRIAL P.A.C. 845 LARCH AVENUE Elmhurst IL 60126		1/06/00 2/05/00	2,000.- 1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DUERINGER, WILLIAM J. 520 E. 9TH STREET Gibson City IL 60936		2/18/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

<p>A. Full Name, Mailing Address and ZIP Code DUITSMAN, MAURICE W 605 GLENWOOD DRIVE Rantoul IL 61866</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 1/16/00</p>	<p>Amount of Each Receipt this Period 100.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>B. Full Name, Mailing Address and ZIP Code DUKEMAN, JOHN VAN A. #PATTI 129 E LINCOLN 2 GREENCROFT DR Anchor CHAMPAIGN IL 61821</p>	<p>Name of Employer BANK ILLINOIS Occupation BANKER</p>	<p>Date (month, day, year) 2/15/00</p>	<p>Amount of Each Receipt this Period 500.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>C. Full Name, Mailing Address and ZIP Code EAST, SHIRLEY 1991 E. CO. RD. 550N Hindsboro IL 61930</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 1/22/00</p>	<p>Amount of Each Receipt this Period 25.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>D. Full Name, Mailing Address and ZIP Code EDLUND, MITCHELL 1511 N. HUDSON, #3 SOU Chicago IL 60610</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 1/10/00</p>	<p>Amount of Each Receipt this Period 1,000.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code EYER, DAVID RR1 BOX 6 Anchor IL 61720</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 2/4/00</p>	<p>Amount of Each Receipt this Period 100.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code EVERETTE, W. ALLEN 4007 RIVER KNOLL DR. Champaign IL 61821</p>	<p>Name of Employer DRAMED & BLUE DISTRIBUTORS Occupation OWNER</p>	<p>Date (month, day, year) 2/7/00</p>	<p>Amount of Each Receipt this Period 1,000.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code EVERETTE, PATRICIA E. 4008 RIVERKNOLL DR. Champaign IL 61822</p>	<p>Name of Employer HOUSE WIFE Occupation</p>	<p>Date (month, day, year) 2/7/00</p>	<p>Amount of Each Receipt this Period 1,000.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

<p>A. Full Name, Mailing Address and ZIP Code EVERETTE, A. MATTHE 205 BLACKTHORN DR. Champaign IL 61821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ORANGE & BLUE DISTRIBUTORS</p> <p>Occupation CONTROLLER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/7/00</p>	<p>Amount of Each Receipt This Period 250.-</p>
<p>B. Full Name, Mailing Address and ZIP Code FASSEAS, PETER 1555 N. ASTOR 28W Chicago IL 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NORTH Community BANK</p> <p>Occupation BANKER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 1/5/00</p>	<p>Amount of Each Receipt This Period 1,000.-</p>
<p>C. Full Name, Mailing Address and ZIP Code FEASTER, DAVID 1329 BRIARCLIFF Rantoul IL 61866</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 1/28/00</p>	<p>Amount of Each Receipt This Period 10.-</p>
<p>D. Full Name, Mailing Address and ZIP Code FEINEN, DEBORAH 1202 MAYFAIR ROAD Champaign IL 61821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/2/00</p>	<p>Amount of Each Receipt This Period 50.-</p>
<p>E. Full Name, Mailing Address and ZIP Code FELDMAN, VICTOR 66 GREENCROFT Champaign IL 61821</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CHRISTIE CLINIC</p> <p>Occupation DOCTOR</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/17/00</p>	<p>Amount of Each Receipt This Period 100.-</p>
<p>F. Full Name, Mailing Address and ZIP Code FELLER, ART BOX 267 Cissna Park IL 60924</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF</p> <p>Occupation AUCTIONEER</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/1/00</p>	<p>Amount of Each Receipt This Period 50.-</p>
<p>G. Full Name, Mailing Address and ZIP Code FERGUSON, JOSEPHINE 305 E. ILLINOIS Arthur IL 61911</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/1/00</p>	<p>Amount of Each Receipt This Period 15.-</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
FEUGEN, HUGO 3513 BARTON FARM DR Ann Arbor MI 48105	SELF	12/31/99 2/3/00	250.- 250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FISHER, JOSEPH P. 2006 BENTBROOK DR. Champaign IL 61821	ORANGE & BLUE DISTRIBUTORS	2/7/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DISTRICT SALES MGR.	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FITZGERALD, PATRICK 1212 WAVERLY DR. Champaign IL 61821	SELF	1/3/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLEMING, J. ROBERT 88 EVERGREEN CIRLCE Savoy IL 61874		1/14/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLESSNER, DONALD 2015 BROWNFIELD RD Urbana IL 61802	SELF	2/15/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FARMER	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLETCHER, BRENDA 496 W. ANDREW ROAD Springfield IL 62707	RETIRED	2/7/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLESSNER, EKKE 309 E. ASHMORE DR. Urbana IL 61801		2/15/00	75.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
FOLLMER, CLIVE 1717 PHILO RD NO 16 Urbana IL 61803	SELF	2/7/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOLLMER, KENT 2704 BERNICE DR. Champaign IL 61822	FOLLMER RETCTY	2/8/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGEMENT	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOLEY, SHAWN 2109 BELMONT PARK LA Champaign IL 61822	ORANGE & BABE DISTRIBUTORS	2/07/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: IMPACT ACCOUNT MGR.	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOREMAN, FRED 311 SOUTH WACKER Chicago IL 60606		1/10/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOX, PETER B. 1118 W. ARMORY AVE. Champaign IL 61820	FOX DEVELOPMENT	2/07/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	2/09/00	250.-
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOX, KIM B. 1118 W. ARMORY AVE Champaign IL 61821	FOX DEVELOPMENT	2/09/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANG, LARRY G. 4524 SANTA CLARA DR. Springfield IL 62707	ILL. MULTI LEAGUE	1/21/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
FRAUENHOFFER, JOHN 3806 DEERFIELD DRIVE Champaign IL 61821	FRAUENHOFFER ASSOC	2/8/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK, ROBERT 129 W. MAIN Urbana IL 61801	SELF	12/31/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRESE, WILBERT 1204 LANCASTER DRIVE Rantoul IL 61866		2/23/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FROELICH, KURT 44 MAIN ST RM 310 Champaign IL 61820	EVANS & FROELICH ATTORNEYS	1/19/00	149.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERNICE FRUHLING 2284 COUNTY ROAD 2100 Saint Joseph IL 61873		2/1/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRUHLING, ROBERT E. 1992 COUNTY ROAD 2700 Ogden IL 61859		1/26/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roesler, Kenneth 514 Parker Place Rantoul IL 61866	ROESSLER CORP.	1/20/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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
GALLAGHER, CHARLES J 840 HUNTLEY WOOD Glenwood IL 60425	GALLAGHER MATERIALS	1/25/00	325.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GALLAHER, DANIEL J. 1464 OLIVE RD Homewood IL 60430	GALLAHER MATERIALS	1/24/00	325.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GALLAGHER, DAVID T. 181ST ST. AND INDIANA Thornton IL 60476	GALLAGHER MATERIALS	1/26/00	350.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GALLIVAN, ANN B. 1110 S. PROSPECT Champaign IL 61820	Retired	1/19/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GALLIVAN, JAMES H. 1110 S. PROSPECT Champaign IL 61820	RETIRED	1/19/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GANTZ, HOWARD 1 OAKVIEW DR. Monticello IL 61856		1/27/00	15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARBER'S MODERN CLE 615 S. WRIGHT STREET Champaign IL 61820	SAME	2/21/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CLEANERS	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER 11(a)

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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
GLASA, JOHN ROBERT 2005 S. DUNCAN RD Champaign IL 61822		2/22/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GLENNON, JOHN	NORTH AMERICAN CAPITAL OPPORTUNITIES, INC	1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GODSTEIN, WILLIAM 1014 W. ARMORY Champaign IL 61821	SELF	2/2/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GOODKIND, MICHAEL 11328 W. MONTICELLO F Westchester IL 60154	HUPPINS & SUTTER	1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GOODWINE, JOHN E. P.O. BOX 1673 Champaign IL 61824	STATE of ILLINOIS	1/31/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GRAFF, DENNIS 177 RIVERSIDE Newport Beach CA 92663	SELF	2/2/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GRAFT, WILLIAM		1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page if this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 20 OF 48
FOR LINE NUMBER 1164

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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
GOWER, RONALD 60 CHESTNUT COURT Champaign IL 61821	GOWER & ASSOC.	2/1/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ARCHITECT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GREEN, FREDERICK S. 1806 PLEASANT ST. Urbana IL 61801	RETIRED	2/8/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GREEN, JAMES D. 2206 PLYMOUTH Champaign IL 61821	SELF	2/3/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GREEN, JAMES M. 2206 BYRNEBRUK Champaign IL 61822	\$	2/4/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GROSS, ROBERT 103 S. OAK P.O. BOX 136 Buckley IL 60918		2/24/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HAGER, DOUGLAS	RETIRED	2/4/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HALL, HARBER 2120 ANACONDA LANE Encinitas CA 92024	RETIRED	2/8/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
HARRIS, ZELEMA 7 BRIAR HILL CIRCLE Champaign IL 61822	PARKLAND COMM. COLLEGE	2/16/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HAYS, THOMAS D. 1808B GLENWOOD OAKS Urbana IL 61801	HAYS ASSOC.	2/13/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC.	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HARTMAN, STEPHEN R. 700 W. GRAND AVE. Saint Joseph IL 61873	JSM APARTMENTS	2/8/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PROPERTY MANAGEMENT	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HATCH, WILLIAM L. 115 N. NEIL STREET Champaign IL 61820	SELF	2/21/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HANSEN, GLENN 500 EDEN PARK DR. Rantoul IL 61866		2/16/00	15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hays, Craig 28 Greencroft Champaign IL 61821		1/22/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hendrix, Carl p.o. box 227 Hindsboro IL 61930		1/22/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER 1161

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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
HEYMAN OD, F J 145 WEST CENTER STRE Paxton IL 60957		2/18/00	35-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HINTON, LEON M. 1510 SANDPIPER DR. Champaign IL 61821		2/26/00	10-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HINTON, ROBERT 3221 COUNTY RD 200E Fosland IL 61845		2/11/00	100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HITCHCOCK, DONALD 3801 CENTRAL AVE. Western Springs IL 60558		1/7/00	1,000-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOLLEMAN, TERRY M. 1524 HARRINGTON DR. Champaign IL 61821	ORANGE & OLIVE DISTRIBUTORS	2/7/00	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CUMBERLAND MGR.	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOFELD, ALBERT F. 30 N. LASALLE ST. STE. 3 Chicago IL 60602	SELF	2/23/00	250-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOOD, WILLIAM L. 312 LEICESTER RD Kendallworth IL 60043		2/4/00	150-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
HYDER, TAJ 4913 N. WHIPPLE, APT. 2- Chicago IL 60625		1/3/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
I.A.M.B. - FEDPAC 350 W. 22ND STREET SU1 Lombard IL 60148		1/3/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ILLINOIS EVENING REPU 10839 SUGAR CREEK LA Glenview IL 62536		2/3/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ILLINOIS POWER 500 SOUTH 27TH STREET Decatur IL 62525	SAME	1/3/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UTILITY SUPERVISOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
INTEGRITY FINANCIAL 2703 MCGRAW DR. STE. 2 Bloomington IL 61704	SAME	2/2/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
IRVIN, EYLB E. 58 COUNTRY CLUB DR. Danville IL 61832		2/2/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN, FRANCIS J. 306 W. CHURCH ST. Champaign IL 61820	SELF	2/5/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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
JAMES, LELAND R. 931 NORTH DRIVE Rantoul IL 61866		2/24/00	20.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANKAUSKAS, RONALD 1318 N. BELMONT Arlington Heights IL 60004		1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JASMON, ROBERT L. 148 CYPRESS POINT Springfield IL 62704		2/7/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JBCKEL MD, LAWRENCE 2500 GALEN DRIVE Champaign IL 61821		2/26/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JENNINGS IMPLEMENT 401 S. WASHINGTON ST. Bement IL 61813	SAME	2/24/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, ANN 1350 N. WELLS ST. APT A Chicago IL 60610	LETTUCE ENTERTAIN YOU ENTERTAINERS	1/31/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. TO CEO	2/25/00	50.-
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, CHARLES 91 N. ROYAL OAKS DR. Bristol IL 60512		1/10/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 1162

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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
JOHNSON, LEWIS G. P.O. BOX 98 Oakwood IL 61858 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/4/00	20.-
B. Full Name, Mailing Address and ZIP Code JONES, BETTY D. 651 N. COUNTY ROAD 00 Arthur IL 61911 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/25/00	25.-
C. Full Name, Mailing Address and ZIP Code JORDAN, JOHN 2541 N. 1200 EAST RD Mansfield IL 61854 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/21/00	50.-
D. Full Name, Mailing Address and ZIP Code KAAG, RODNEY C. 815 W. SWASHINGTON Hoopston IL 60942 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/7/00	20.-
E. Full Name, Mailing Address and ZIP Code KAELIN, RICHARD C. 2708 BERNIECE DR. Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$	2/26/00	20.-
F. Full Name, Mailing Address and ZIP Code KAMRER, RICHARD F. 107 W. FILMORE Philo IL 61864 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/20/00 2/24/00	25.- 15.-
G. Full Name, Mailing Address and ZIP Code KAMM, ERVIN L. 850 N. COUNTY ROAD 12 Atwood IL 61913 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/26/00	10.-

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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
KAVANAUGH, KENNETH P.O. BOX 551 Lawrenceville IL 62439	AMORAW ASPHALT	2/1/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KAZI, S.M. 2045 CANTERBURY PL Wheaton IL 60187	DELTA ENGINEERING	1/04/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEITH, RANDY JO 5TH HETTINGER CRT. Monticello IL 61856		2/15/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KELLOGG, DENNIS J. 105 W. MADISON Chicago IL 60602		2/21/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KETTELKAMP, JOHN H. 321 S. VINE Nokomis IL 62075		1/29/00	50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KHAN, CHATELAINE SH 1102 WILSHIRE COURT Champaign IL 61821	FLEX N GATE	2/3/00	750.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KLENTWORTH, LEE P.O. BOX 94 Anchor IL 61720		2/19/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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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)
KNOX, E. PHILLIPS 115 N. BROADWAY AVE. Urbana IL 61801	SELF Occupation: ATTORNEY	2/8/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
KROL, JEFFREY 1200 GRANVILLE Park Ridge IL 60068	Jeffrey Krol + ASSOCIATES Occupation: ACCOUNTANT	1/10/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
KRUEGER, EVERETT R. 1903-1 OLIVER DR. Urbana IL 61802		1/29/00 2/24/00	100.- 20.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
KRUG, JR., GEORGE 13 OLD MILL LN Hinsdale IL 60521	K. FIVE Occupation: CONTRACTOR	1/14/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
KUNTZ, CHARLO 1624 E. 200 N. ROAD Cissna Park IL 60924		2/23/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
LANNERY, GENE 208 W. CURTIS RD Savoy IL 61874		2/18/00	199.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
LAMKIN, R W 2205 ROLAND DRIVE Champaign IL 61821		2/8/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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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
LEONARD, J. EDWARD 1409 WINDING LANE Champaign IL 61820		2/25/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESNIK, STEVEN 500 SKOKIE BLVD., SUIT Northbrook IL 60062	KEMPER & LESNIK	1/7/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LIEHR, STEPHEN E. 2 CHELSEA CT Bourbonnais IL 60914		2/5/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LIGHTHALL, MARY B. 727 N. GRANT STREET Clinton IL 61727		2/24/00	20.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LITTLE, ROGER D. 628 E. SANGAMON Rantoul IL 61866		1/27/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOCKNER JR, HARRY 573 JACKSON AVE. Glencoe IL 60022	H.W. LOCKNER, Inc	1/3/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LONG, DENNIS 312 INDIAN HILLS CT. Rantoul IL 61866		2/16/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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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
LOUKOTA, JAMES H. 13020 SILVER FOX DR. Lemont IL 60439	CENTRAL BLACK TOP Occupation: CONTRACTOR	1/14/00	500-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS, BENJAMIN E. 404 POND RIDGE LANE Urbana IL 61802		2/28/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOVETT, RICK 403 E. SOUTH MAHOMET Mahomet IL 61853		1/28/00	100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNCH, J D 339 E. MULBERRY ST. Waukega IL 60970	IRQUIS PAINTS Occupation: CONTRACTOR	1/18/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYKINS, GREGORY 1400 WAVERLY Champaign IL 61821	DANKILLINZ Occupation: BANKER	2/2/00	500-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUEDTKE, PAUL F. 2206 COMBES ST. Urbana IL 61801	RETIRED	2/25/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADIGAN, DAVID 3253 GREENWOOD Dewey IL 61840	STATE OF ILLINOIS Occupation: SHERIFF	2/15/00	50-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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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
MAGGIO, JOHN E. P.O. BOX 707 Tolono IL 61880		2/24/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MANLEY, G W 309 W. CHAMPAIGN Rantoul IL 61866	RETIRED	2/23/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARTIN, LYNN 1129 CRYSTAL DR. West Palm Beach FL 33418	DELOITTE & TOUCHE	1/07/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGEMENT	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MASTORES, JAMES 1198 PHEASANT RIDGE D Lake Zurich IL 60047		1/13/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MATHIS, GENE L. 3522 FERNDALE Danville IL 61832		2/17/00	40.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MAUDLIN, THOMAS 1302 E. 500 N. ROAD Cissna Park IL 60924	VETERINARY HOWESTON CISSNA PARK VET SERVICES	1/29/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VET	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MELMAN, RICHARD 20 LOCUST RD Winnetka IL 60093	LETUCE & CERTAIN YOU ENTERPRISES	1/31/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	

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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
McALISTER, DAVID A. 14705 SILVERSTONE DR. Silver Spring MD 20905		2/7/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McCLAIN, MICHAEL 1100 PEACH TREE LN Quincy IL 62301		1/6/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McCLELLAN, CARLOS 702 DODSON DRIVE W Urbana IL 61802		2/9/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McCOSKEY, JOSEPH A. RR2 407 E. WASHINGTON Tolono IL 61880	ORANGE & BLUE DISTRIBUTORS	2/7/00	250. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPERATIONS MGR.	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MCCREERY, W. MICHAEL P.O. BOX 127 Mason City IL 62664		2/7/00	150. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McDANIEL, JAMES L. 10 S. SHORE DRIVE Paris IL 61944		2/10/00	5. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McPKIE, JAMES B. 819 HALEY Alton IL 62002		2/5/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
MERCER RENTALS 724 N. MERCER ST. Decatur IL 62522	SAME	1/11/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIDDLETON FAMILY TR 3004 VALLEYBROOK DR. CHAMPAIGN IL 61822		1/17/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, JAN & KAREN 1008 S. GARFIELD Urbana IL 61801	BANKILLINOIS	2/3/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEYER, CARL 2211 EAGLE RIDGE CHAMPAIGN IL 61822	PARISLAND COLLEGE	1/25/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FOUNDATION DIRECTOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, KAREN K. 2708 PERKINS RD. Urbana IL 61801	SELF	2/24/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation APPRAISER - R.E.	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEISENHELTER, DOROT 1502 S. GROVE STREET Urbana IL 61801		2/26/00	10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEYER, ERIC 604 POMONA DRIVE Champaign IL 61821	SELF	2/2/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROPERTY MANAGEMENT	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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

PAGE 33 OF 43
FOR LINE NUMBER 11(a)

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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
MENGLER, THOMAS M 3341 STONEYBROOK DR Champaign IL 61822	UNIV. of ILL. Occupation: PROFESSOR	2/24/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
METTAM, NANCY W. 9 MCKEE Danville IL 61832		2/25/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, R C 316 E. LAFAYETTE Monticello IL 61856		1/21/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHELL MICHAEL J 2140 SCARLET OAK Lisle IL 60532		1/10/00	175.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MONTANA JR, JAMES S. 1938 N. MAUD STREET Chicago IL 60614	RUDNICK & WOLFE Occupation: ATTORNEY	1/10/00	1000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELVIN, GARY W. RR1 BOX 226 Sullivan IL 61951	RURAL KING Occupation: CEO	2/4/00	1000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MULLIKEN, WILLIAM 4216 N. KEELER AVE Chicago IL 60641	CHEM CENTRAL CORP. Occupation: VP of GENERAL COUNSEL	1/27/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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

PAGE 24 OF 24
FOR LINE NUMBER 11(a)

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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
NATIONAL BEER WHOES 1100 W. WASHINGTON S Alexandria VA 22314	SAME	2/4/00	2500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THE NEA FUND FOR CHI 1201 16TH STREET N W S Washington DC 20036	SAME	2/9/00	5000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NELSON, LOUIS J. 1209 ALDERBURY DR. Saint Joseph IL 61873		2/10/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NELSON, STEVEN R. 700 LINNWOOD DR. Princeton IL 61356	ADVANCED ASPHALT	2/2/00	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NORD, MD, STANLEY K. RR3 BOX 140 Bloomington IL 61704	OSF MEDICAL GROUP	2/8/00	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NETTLETON, SHEILA RR1 BOX 33 Saybrook IL 61770		2/12/00	40. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NOLL III, CONRAD 1020 W. JEFFERSON Springfield IL 62702		2/7/00	150. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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

PAGE 35 OF 48
FOR LINE NUMBER 164

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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)
NOTT, JON GRAY 802 SOUTH SECOND ST. Springfield IL 62704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	2/7/00	150. -
OHLS, ROBERT F. 709 HAMILTON Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/25/00	10. -
OLSON, KEVIN 2508 COMBES ST Urbana IL 61801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/20/00	50. -
OLSON, W.D. 112 TAMARISK DR. Springfield IL 62704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/7/00	150. -
O'KEEFE III, DWIGHT P.O. BOX 2459 Springfield IL 62705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/7/00	150. -
ONGMAN, KEITH 106 W. CLYDE STREET Fairmount IL 61841 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/19/00	10. -
PAGE, ELMO M 105 SUNRISE DR. Lexington IL 61753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/24/00	10. -

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER: 1114

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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
NORMAN, PAUL RR2 BOX 62 Urbana IL 61801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	STATE OF ILLINOIS Occupation: MEAT INSPECTION LAW ENFORCEMENT Aggregate Year-to-Date > \$	1/22/00	200. --
B. Full Name, Mailing Address and ZIP Code PERRING, JOHN W. 1910 RUGBY ROAD Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/25/00	25. --
C. Full Name, Mailing Address and ZIP Code PERZEE, MERLE P.O. BOX 195 Danforth IL 60930 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF ILLINOIS Occupation: WAREHOUSE MGR. Aggregate Year-to-Date > \$	2/5/00	200. --
D. Full Name, Mailing Address and ZIP Code PERRY JAMES B. 63 FAIR OAKS Saint Louis MO 63124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/5/00	150. --
E. Full Name, Mailing Address and ZIP Code PERRY, DON E. 3313 FAIRWAY DR. Danville IL 61832 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/21/00	100. --
F. Full Name, Mailing Address and ZIP Code PIEMONTE, VICTOR 2S461 MENOMINI CT. Wheaton IL 60187 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/13/00	1000. --
G. Full Name, Mailing Address and ZIP Code PILAND, JOHN P.O. BOX 1144 Mahomet IL 61853 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATES OF ILLINOIS Occupation: STATE ATTORNEY Aggregate Year-to-Date > \$	2/3/00	500. --

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER: 116

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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
PIRTLE, G. MARVARINE 602 EAST BRADLEY Champaign IL 61820		2/1/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PITTMAN, DONNA LYNN 2924 SIERRA DR. Champaign IL 61822		2/17/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PETERSON, DOUGLAS 1605 W. CHURCH Champaign IL 61821		1/23/00	30. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
POPE, KIP R. BOX 746 Champaign IL 61824	C-H POSTER	2/3/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
POTTS, CHERYL 5508 ARROWWOOD LN Rolling Meadows IL 60008		1/5/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PRILLAMAN, ROGER L. 507 S. HIGHLAND AVE Champaign IL 61821	self	2/21/00	250. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PUCHALSKI, DENNIS 431 PROSPECT AVE. Elmhurst IL 60126	SELF	1/6/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER: 116

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NAME OF COMMITTEE (in full)

FRIENDS of Tom Johnson

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PURGETT, DAVID L. 1803 BENTBROOK DR. Champaign IL 61822	ORANGE & BLUE DISTRIBUTING	2/7/00	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Manager	Aggregate Year-to-Date > 8	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RANKIN, S. LOUISE 818 NO. KENILWORTH Oak Park IL 60302		1/10/00	175.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RATCLIFFE, BRUCE G. 1200 W. UNION STREET Champaign IL 61821		1/18/00	100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 9	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RHOTON, SCOTT E. P.O. BOX 491 Sidney IL 61877		2/23/00	5.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
REDMON, DORIS H. 39 ROWENA Urbana IL 61802		2/24/00	25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
REGENHARDT TRUST A P.O. BOX 1196 Cape Girardeau MO 63702	SAME	2/1/00	1000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 9	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARDS JR, G E 2722 N. VERMILION Danville IL 61832		2/10/00	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
ROBERTS, J. WILLIAM 1425 CHERRY RD Springfield IL 62704	HINSHAW & CULBERTSON Occupation: ATTORNEY	2/3/00	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RODEEN, GERALD P. P.O. BOX 48 Paxton IL 60957	SELF Occupation: ATTORNEY	2/17/00	250. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROJEK, EDMUND 1901 A LAKESIDE DRIVE Champaign IL 61821		2/20/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONAN, ALFRED 1227 N. WILLIAM ST. River Forest IL 60305	RONAN & POTTS Occupation: LOBBYIST	1/8/00	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUCH, RODNEY 1821 MAYNARD DR. Champaign IL 61822		2/21/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUSSO, JOSEPH 6232 W. 124TH STREET Palos Heights IL 60463		1/13/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUTAN, CHARLES & JUD 3306 SUMMERVIEW LAN Champaign IL 61821	USFI EMPLOY. C.U. Occupation: CEO	2/15/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMBER 1102

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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
RYAN, GREGORY L. 123 W. MAIN STREET Urbana IL 61801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: ATTORNEY Aggregate Year-to-Date > \$	2/3/00	250. -
SABBIA, NICHOLAS A. 402 W. FLORIDA AVE. Urbana IL 61801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/27/00	100. -
SAYERS, JAMES R. 2309 A MELROSE DR Champaign IL 61820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/25/00	10. -
SCHEMPF, DALE A. 1 SYCAMORE LANE Springfield IL 62707 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/7/00	150. -
SCIACCOTTA, JOHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: ATTORNEY Aggregate Year-to-Date > \$	1/10/00	1000. -
SEASTRAND, DANIEL 404 N. 8TH STREET Saint Joseph IL 61873 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	1/19/00	25. -
SEIMER, MARK P.O. BOX 27 Muncie IL 61857 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	2/2/00	100. -

SUBTOTAL of Receipts This Page (optional)

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

PAGE 411 OF 428
FOR LINE NUMB 11(a)

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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
SEIMER, TODD BOX 54 Muncie IL 61857	Occupation Aggregate Year-to-Date > \$	2/1/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	2/17/00	100. -
B. Full Name, Mailing Address and ZIP Code SHAW, MARY 910 LINCOLNSHIRE DR. 3 Champaign IL 61821	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	2/18/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	1/12/00	750. -
C. Full Name, Mailing Address and ZIP Code SHEETS, RICHARD M. 2005 TROUT VALLEY RD Champaign IL 61821	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	12/18/99	1000. -
D. Full Name, Mailing Address and ZIP Code SHOEMAKER, J L 27344 W. 4TH STREET RD Centralia IL 62801	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	2/1/00	10. -
E. Full Name, Mailing Address and ZIP Code SHOLEM, DAVID 1102 WEST ARMORY Champaign IL 61821	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	1/10/00	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

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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FOR LINE NUMB: 1169

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NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>SIMON, JOHN B. ONE IBM PLAZA Chicago IL 60611</p>		<p>Name of Employer</p> <p>SELF</p>	<p>Date (month, day, year)</p> <p>2/24/00</p>	<p>Amount of Each Receipt This Period</p> <p>200. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>ATTORNEY</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>SINN, GLENN P.O. BOX 447 Hoopston IL 60942</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>2/24/00</p>	<p>Amount of Each Receipt This Period</p> <p>100. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>SMITH, IRVIN F. 400 KENYON DRIVE Springfield IL 62704</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>2/6/00</p>	<p>Amount of Each Receipt This Period</p> <p>100. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>SOCAL MD, MICHAEL 555 W. BELDEN Chicago IL 60614</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>1/5/00</p>	<p>Amount of Each Receipt This Period</p> <p>500. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p> <p>DOCTOR</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>STEVENSON, WILLIAM 1420 SHERMAN ST. Danville IL 61832</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>1/30/00</p>	<p>Amount of Each Receipt This Period</p> <p>50. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>STEWART, STANLEY 1150 S. OAK PARK AVE. Oak Park IL 60304</p>		<p>Name of Employer</p>	<p>Date (month, day, year)</p> <p>1/10/00</p>	<p>Amount of Each Receipt This Period</p> <p>1000. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>STEWART, NANCIE 1150 S. OAK PARK AVE. Oak Park IL 60304</p>		<p>Name of Employer</p> <p>BOARD OF EDUCATION, DISTRICT 97</p>	<p>Date (month, day, year)</p> <p>1/10/00</p>	<p>Amount of Each Receipt This Period</p> <p>1000. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 118

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

<p>A. Full Name, Mailing Address and ZIP Code STIPES, RALPH E. 3204 SHARON Champaign IL 61821</p>		<p>Name of Employer ORANGE & BLUE DISTRIBUTORS</p>	<p>Date (month, day, year) 2/7/00</p>	<p>Amount of Each Receipt this Period 250. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation DIST. SALES MGR</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code STANLEY, ROGER C. 9800 INDUSTRIAL DR Bridgeview IL 60455</p>		<p>Name of Employer UNISTAT COMPANY</p>	<p>Date (month, day, year) 1/10/00</p>	<p>Amount of Each Receipt this Period 200. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation OWNER</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code STEIDINGER, RON Forrest IL 61741</p>		<p>Name of Employer FOREST READY MIX</p>	<p>Date (month, day, year) 2/14/00</p>	<p>Amount of Each Receipt this Period 200. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation CEO</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code STILLWELL, JOSEPH K. 1404 QUAIL RUN DRIVE Savoy IL 61874</p>		<p>Name of Employer</p>	<p>Date (month, day, year) 2/13/00</p>	<p>Amount of Each Receipt this Period 125. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code STIGALL, WILLARD 1201 GARDEN LANE Champaign IL 61820</p>		<p>Name of Employer</p>	<p>Date (month, day, year) 2/25/00</p>	<p>Amount of Each Receipt this Period 10. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code STOCKING, WILBER H. 2112 CROSSGATE COURT Champaign IL 61822</p>		<p>Name of Employer</p>	<p>Date (month, day, year) 2/21/00</p>	<p>Amount of Each Receipt this Period 25. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code SUITS, BARRY L. 225 MARY ALICE Rantoul IL 61866</p>		<p>Name of Employer NORTHERN ILLINOIS WATER CO</p>	<p>Date (month, day, year) 2/3/00</p>	<p>Amount of Each Receipt this Period 250. -</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation ENGINEER</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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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
SUTTER, HAROLD 5437 LEE AVENUE Downers Grove IL 60515		1/10/00	175. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SWIFT, HARRY R. 1829 MORaine DRIVE Champaign IL 61822	RETIRED	2/21/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TATMAN, ELAINE 2802 E. SLAYBACK Urbana IL 61802	IMAGE 2000 Salon	2/1/00 2/7/00	200. - 300. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TIPSWORD, THOMAS N. 203 N. LINCOLN Broadlands IL 61816		2/25/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TIRONA, REYNALDO E. 4501 STONEBRIDGE DR. Champaign IL 61822	SELF	2/1/00	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TOMEI, RICHARD 626 FEATHER SOUND DR. Bolingbrook IL 60440		1/11/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TRACY, PETER W. 2016 BENTBROOK DR. Champaign IL 61821		2/25/00	30. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 110

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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
TRAYLOR, JR., MARVIN 4 SEBRING RD Springfield IL 62707	ILLINOIS ASPHALT PAVING ASSN. Occupation: ENGINEER	1/25/00	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4		
B. Full Name, Mailing Address and ZIP Code TTEE, FRANK 175 E. DELAWARE PL Chicago IL 60611	Name of Employer Occupation	1/6/00	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
C. Full Name, Mailing Address and ZIP Code TUTTLE, MARTHA B. 402 TEN BROECK ST. Paris IL 61944	Name of Employer Occupation	2/24/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
D. Full Name, Mailing Address and ZIP Code UDSTUEN, DONALD	Name of Employer: ILLINOIS STATE MEDICAL SOCIETY Occupation: ATTORNEY	1/10/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
E. Full Name, Mailing Address and ZIP Code UPCHURCH, JAMES 309 WABASH AVE. Mattoon IL 61938	Name of Employer: SELF Occupation: ENGINEER	1/4/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
F. Full Name, Mailing Address and ZIP Code VANCE, RICK D. RR 2 BOX 106 Colfax IL 61728	Name of Employer Occupation	2/19/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		
G. Full Name, Mailing Address and ZIP Code VERKLER, RANDELL P.O. BOX 349 Clasma Park IL 60924	Name of Employer Occupation	1/26/00	50. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5		

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 116

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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
VILES, WARREN G. 402 CRESTWOOD DR. Saint Joseph IL 61873		2/25/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
VERMETTE, JAMES E. 2513 PRAIRIE RIDGE PL Champaign IL 61822	RETIRED	1/29/00	100. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WAGONER, KENNETH L. 1 WILSHIRE Bloomington IL 61704	ROWE CONSTRUCTION CO.	1/12/00	1000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WAKELAND, HOWARD L. 2213 COMBES Urbana IL 61801	UNIVERSITY OF ILLINOIS	1/26/00	149. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WAMPLER, JEFFERY B. 1102 S. PROSPECT Champaign IL 61820	ERWIN, MARTIN KUE & COLE	2/25/00	250. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WALSH, JANE B. 2067 COUNTY ROAD 1250 Saint Joseph IL 61873	HOUSE PERSON	2/9/00	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WATSON, DALE 22755 E. 1375TH RD Paris IL 61944		2/25/00	10. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

<p>A. Full Name, Mailing Address and ZIP Code WATTEL, ROBERT 905 SHABONA LANE Wilmette IL 60091</p>	<p>Name of Employer LETTUCE ENTERTAIN YOU ENTERPRISES</p>	<p>Date (month, day, year) 2/8/00</p>	<p>Amount of Each Receipt This Period 250.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE V.P.</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code WEINARD, GAROLD R. 40174 N. 1830 E RD Hoopston IL 60942</p>	<p>Name of Employer</p>	<p>Date (month, day, year) 2/4/00</p>	<p>Amount of Each Receipt This Period 50.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code WEST, RICHARD 306 W. CHURCH STREET Champaign IL 61826</p>	<p>Name of Employer SELF</p>	<p>Date (month, day, year) 1/16/00</p>	<p>Amount of Each Receipt This Period 500.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation ATTORNEY</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code WIRTZ, WILLIAM ROCK</p>	<p>Name of Employer WIRTZ CORPORATION</p>	<p>Date (month, day, year) 1/07/00</p>	<p>Amount of Each Receipt This Period 1,000.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation OWNER</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code WICKERSHEIMER, DAVI 1817 MORAINÉ Champaign IL 61822</p>	<p>Name of Employer</p>	<p>Date (month, day, year) 2/20/00</p>	<p>Amount of Each Receipt This Period 50.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code WITTER, RANDALL F. 2010 WILLEMOORE Springfield IL 62704</p>	<p>Name of Employer COOL-WITTER</p>	<p>Date (month, day, year) 1/21/00</p>	<p>Amount of Each Receipt This Period 200.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation EXECUTIVE</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code YARI, DR., EHUD & JANI 100 E. MCHENRY Urbana IL 61801</p>	<p>Name of Employer</p>	<p>Date (month, day, year) 1/30/00</p>	<p>Amount of Each Receipt This Period 50.-</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation DOCTOR</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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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
YARBROUGH TRUST, RO 1105 DEVONSHIRE DR. Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$	1/12/00	1,000.-
B. Full Name, Mailing Address and ZIP Code YOUNG STATES ATTOR 16 W. MADISON Danville IL 61832 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE of ILLINOIS Occupation STATES ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 2/1/00	Amount of Each Receipt This Period 100.-
C. Full Name, Mailing Address and ZIP Code ZIMBEROFF, JOEL 4006 MILLER DRIVE Glenview IL 60025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LETTUCE ENTERTAIN YOU ENTERPRISES Occupation MANAGER of SECURITY Aggregate Year-to-Date > \$	Date (month, day, year) 2/2/00	Amount of Each Receipt This Period 250.-
D. Full Name, Mailing Address and ZIP Code CLEM, HARRY E. P.O. BOX 25 Urbana IL 61803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE of ILLINOIS Occupation JUDGE Aggregate Year-to-Date > \$	Date (month, day, year) 1/31/00	Amount of Each Receipt This Period 100.-
E. Full Name, Mailing Address and ZIP Code TRACY, PETER W. 2018 BENTBROOK DR. Champaign IL 61821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/4/00	Amount of Each Receipt This Period 250.-
F. Full Name, Mailing Address and ZIP Code X	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period X
G. Full Name, Mailing Address and ZIP Code X	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period X

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114,761.-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
RECORD PRESS, INC.	NEWSPAPER SUBSCRIPTION	1/1/2001	18.-
POSTMASTER 2001 N. MATTIS CHAMPAIGN, IL 61821	POSTAGE	1/3/00	43.44
CHARLES STEPHENS 2609 GALEN DRIVE CHAMPAIGN, IL 61820	RENT	1/3/00	1200.-
FEDERAL EXPRESS 2007 FEDERAL WAY URBANA, IL 61801	POSTAGE	1/5/00	13.-
COUNTY MARKET 1819 S. Philo Rd URBANA IL 61801	GROCERIES	1/6/00	24.31
CHRISMAN LEADER CHRISMAN, IL	SUBSCRIPTION	1/6/00	15.-
ARTHUR - GRAPHIC CLARION ARTHUR, IL	SUBSCRIPTION	1/6/00	22.-
CENTRAL WASTE SERVICE PO BOX 3069 CHAMPAIGN IL 61826	TRUCK HAULING	1/12/00	23.62
FEDERAL EXPRESS SAME AS ABOVE	POSTAGE	1/11/00	11.-

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
QUILL CORPORATION P.O. BOX 44087 PALATINE, IL 60094-4087	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	671.63
B. Full Name, Mailing Address and ZIP Code POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	300.-
C. Full Name, Mailing Address and ZIP Code PDD PRINTING 1802 N. LINCOLN URBANA IL 61801	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	498.07
D. Full Name, Mailing Address and ZIP Code PREMIER TECHNOLOGIES P.O. BOX 14024 NEWARK, NJ. 07198-0024	FAX SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	181.12
E. Full Name, Mailing Address and ZIP Code CHARLES STEPHENS SAME AS ABOVE	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	800.-
F. Full Name, Mailing Address and ZIP Code JACK JOHNSON 642 N. SANSAMON GIBSON CITY IL 60936	REIMBURSEMENTS FOR SIGNS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	1500.-
G. Full Name, Mailing Address and ZIP Code TIM O'PINION 19 N 6th ST. WARRENTON VA 20186	CONTRACTUAL SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	2750.-
H. Full Name, Mailing Address and ZIP Code POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/00	82.50
I. Full Name, Mailing Address and ZIP Code MENARDS 620 WEST TOWN CENTER BLVD CHAMPAIGN, IL 61820	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/00	5.12

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COUNTY MARKET SAME AS ABOVE	GRUCCIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/00	24.71
TRAPAY TIME 223 S. LOCUST CHAMPAIGN IL 61820	NAME BADGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	6.75
JEANE MURRAY DRE 905 SUNNY CREST DR E URBANA, IL 61801	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	775.48
MATT BISBEE 637 ST. ANDREWS CIRCLE RAVENS IL 61846	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	775.48
BRAD GAVEN 2643 VILLAGE GREEN, C-1 AURORA, IL 60504	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	1101.15
KEVIN JOHNSON 3608 STATE ROUTE 9 RAVENS, IL 61821	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	591.10
QUILL CORPORATION SAME AS ABOVE	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	191.59
ADVANCE NET, INC. 100 TRADE CENTER STE. 103B CHAMPAIGN, IL 61820	CONTRACTUAL SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/00	42.-
ILLINOIS POWER P.O. BOX 511 DECATUR, IL 62520	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/00	148.07

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TUSCOLA REVIEW 115 W SALE TUSCOLA IL 61953	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	12.50
B. Full Name, Mailing Address and ZIP Code JEANNE MURPHY 905 SUNNYREST URBANA IL 61801	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/00	105.21
C. Full Name, Mailing Address and ZIP Code POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/00	54.77
D. Full Name, Mailing Address and ZIP Code QUILL CORPORATION SAME AS ABOVE	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/00	119.82
E. Full Name, Mailing Address and ZIP Code POSTAGE POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	28.49
F. Full Name, Mailing Address and ZIP Code WILSON GRAND 429 N. ST. ASAPH ALEXANDRIA, VA. 22314	CONSULTING SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	48,894.-
G. Full Name, Mailing Address and ZIP Code CHARLES STEPHENS SAME AS ABOVE	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/00	400.-
H. Full Name, Mailing Address and ZIP Code PARIS AREA CHAMBER of Commerce PARIS, IL	EVENT RESERVATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/00	50.-
I. Full Name, Mailing Address and ZIP Code TAYLOR PUBLICATIONS 239 E. COURT ST. KANKAKEE IL 60901	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/00	425.-

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NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WILSON GRAND SAME AS ABOVE	Wilson Grand TELEVISION ADVE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/00	30,528.35
B. Full Name, Mailing Address and ZIP Code BRAD GRAVEN SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	1101.15
C. Full Name, Mailing Address and ZIP Code JEROME MURRAY SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	775.48
D. Full Name, Mailing Address and ZIP Code MATT BISHOP SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	775.48
E. Full Name, Mailing Address and ZIP Code KEVIN JOHNSON SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	491.10 591.10
F. Full Name, Mailing Address and ZIP Code POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/00	99.-
G. Full Name, Mailing Address and ZIP Code WILSON GRAND SAME AS ABOVE	TELEVISION ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/7/00	30,000.-
H. Full Name, Mailing Address and ZIP Code HELEN MYERS 2305 E. VERMONT URBANA IL 61802	PIANO PLAYING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/7/00	75.-
I. Full Name, Mailing Address and ZIP Code BRAD GRAVEN SAME AS ABOVE	MILEAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/7/00	551.71

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LIVINGSTON COUNTY REPUBLICAN CENTRAL COMMITTEE LIVINGSTON IL	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	100.-
Tel Opinion SAME AS ABOVE	POLING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	2750.-
CDU POSTER 704 N. NEIL CHAMPAIGN IL 61820	ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	3,046.-
MICHAEL KATHY 223 S. LOCUST CHAMPAIGN IL 61820	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	640.46
CELLULAR ONE 217 S. NEIL CHAMPAIGN IL 61820	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	835.12
GRG 2103 N. VETERANS PARKWAY BLOOMINGTON IL	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	530.39
JEANE MURRAY SAME AS ABOVE	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	132.31
DANVILLE AREA CHAMBER of Commerce DANVILLE IL	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	16.-
CENTRAL WASTE SERVICE SAME AS ABOVE	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	20.-

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MICHAELS CATERING 720 S. NEIL CHAMPAIGN IL 61820	FUNDRAISING FUND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	2,793.81
PAM KINSEY MELANSE ENTERPRISES 500 N. DEARBORN - SUITE 700 CHICAGO IL 60610	FUNDRAISING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	4,257.75
M. S. LEDO USA 2302 FOX DR CHAMPAIGN IL 61820	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	681.24
QUILL CORPORATION SAME AS ABOVE	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	150.02
PERSONAL SERVICE 1129 S. GRAND EAST P.O. BOX 4586 SPRINGFIELD IL 62708	SIGNS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	14,931.63
WILSON GRAND SAME AS ABOVE	TELEVISION ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	25,000.00
BRAD GRAVEN SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/00	1,107.16
JEANE MURRAY SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/00	775.48
MART BISBEE SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/00	775.48

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NAME OF COMMITTEE (In Full)

FRIENDS OF Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KEVIN JOHNSON SAME AS ABOVE	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/00	591.10
WILSON GRAND SAME AS ABOVE	TELEVISION ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	25,000.00
POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	59.32
POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	306.87
POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	1,000.00
LEROY JOURNAL LEROY, IL	ADV. McLEEN COUNTY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	100.00
McLEEN COUNTY CHAMBER of Commerce McLEEN IL	CONTRIBUTIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	15.00
POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	229.39
POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/19/00	1636.49

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NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
INTERSTATE GRAPHICS 7817 BURDEN Rd. ROCKFORD IL 61115	SIGNS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	3,346.00
B. Full Name, Mailing Address and ZIP Code KINROS 204 S. MATTHEW CHAMPAIGN, IL 61821	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	1,110.16
C. Full Name, Mailing Address and ZIP Code PREMIER TECHNOLOGIES P.O. BOX 14024 NEWARK, NJ 07198-0024	FAX SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	157.67
D. Full Name, Mailing Address and ZIP Code BRAD GRAVEN SAME AS ABOVE	MILEAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	335.50
E. Full Name, Mailing Address and ZIP Code THE LEADER 115-117 EAST AVE. P.O. BOX 97 OGDEN IL 61859	ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	55.80
F. Full Name, Mailing Address and ZIP Code ILLINOIS POWER SAME AS ABOVE	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	175.67
G. Full Name, Mailing Address and ZIP Code CHARLES STEPHENS SAME AS ABOVE	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/00	400.-
H. Full Name, Mailing Address and ZIP Code POSTMASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/00	1,048.59
I. Full Name, Mailing Address and ZIP Code MENVER HOME SERVICE 1037 COUNTY Rd. 2200E. SIDNEY IL 61877	SIGNS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/00	1600.-

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NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>LEROY JOURNAL LEROY, IL</i>	<i>ADV.</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/25/00</i>	<i>481.-</i>
<i>WALMART 913 W. MARKETVIEW Rd CHAMPAIGN IL 61821</i>	<i>OFFICE SUPPLIES</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/25/00</i>	<i>39.42</i>
<i>POSTMASTER SAME AS ABOVE</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/25/00</i>	<i>99.-</i>
<i>WILSON GRAND SAME AS ABOVE</i>	<i>TELEVISION ADV</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/28/00</i>	<i>25,000.-</i>
<i>JACK JOHNSON SAME AS ABOVE</i>	<i>SUPPLIES</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/28/00</i>	<i>6,000.-</i>
<i>DREAMSCAPE 1 HENSON PLACE CHAMPAIGN IL 61820</i>	<i>ADV.</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/28/00</i>	<i>3,074.45</i>
<i>BRAD GRAVENS SAME AS ABOVE</i>	<i>MILEAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/28/00</i>	<i>471.72</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

252,314.16

LOANS

Name of Committee (In Full)

Friends of Tim Johnson

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>Bank Illinois 314 S Randolph Champaign, IL 61820</i>	<i>50,000</i>	<i>-</i>	<i>50,000</i>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <i>2/18/00</i> Date Due <i>2/1/00</i> Interest Rate <i>8.5%</i> (ap) <input checked="" type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
<i>Timothy V Johnson 2151 County Rd 1100 N Sidney, IL 61877</i>	<i>Johnson, Frank, et al</i>	<i>Lawyer</i>	<i>\$ 50,000</i>
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:

B. Full Name, Mailing Address and ZIP Code of Loan Source

*Bussey Bank
201 W Main
Urbana, IL 61801*

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>100,000</i>	<i>-</i>	<i>100,000</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Terms: Date Incurred <i>1/24/00</i> Date Due <i>12/10/00</i> Interest Rate <i>8.5%</i> (ap) <input checked="" type="checkbox"/> Secured		

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
<i>Timothy V Johnson 2151 County Rd 1100 N Sidney, IL 61877</i>	<i>Johnson, Frank, et al</i>	<i>Lawyer</i>	<i>\$ 100,000</i>
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

150,000

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

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 3-8-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<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
<input type="checkbox"/> Electronic Filing	
<i>de</i> PREPARER	3-8-00 DATE PREPARED