

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -4 A 10:13

1. NAME OF COMMITTEE (In full)

Friends of Tim Johnson

ADDRESS (number and street)

905 S. Neil

Check if different than previously reported.

2. FEC IDENTIFICATION NUMBER

C00350421

CITY, STATE and ZIP CODE

Champaign, IL 61820

STATE/DISTRICT

IL 15

3. IS THIS REPORT AN AMENDMENT?

YES

NO

4. TYPE OF REPORT

April 15 Quarterly Report

12 Day Pre-Election Report for the _____
(Type of Election)

July 15 Quarterly Report

election on _____ In the State of _____

October 15 Quarterly Report

30-Day Post-Election Report following the General Election on

January 31 Year End Report

_____ In the State of _____

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

Termination Report

This report contains activity for

Primary Election

General Election

Special Election

Runoff Election

SUMMARY

5. Covering Period <u>11/28/2000</u> through <u>12/31/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$15,895.00	\$936,802.34
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$4,125.00
(c) Net Contributions (other than loans) [(subtract Line 6(b) from 6(a))	\$15,895.00	\$932,677.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$56,196.71	\$1,286,113.27
(b) Total Offsets to Operating Expenditures (from Line 14)	\$2,766.24	\$2,766.24
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$53,430.47	\$1,283,347.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$28,336.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$373,070.69	

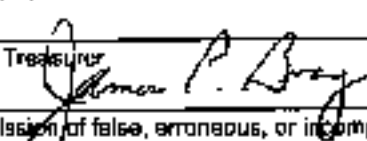
For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jim Bray

Signature of Treasurer



Date

1/31/01

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

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FEC FORM 3
(Revised 4/97)

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: 11/28/2000 To: 12/31/2000	
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)	\$3,150.00	
(ii) Unitemized	\$745.00	
(iii) Total of contributions from individual	\$3,895.00	\$538,279.00
(b) Political Party Committees	\$0.00	\$21,728.00
(c) Other Political Committees (such as PACs)	\$12,000.00	\$376,795.34
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$15,895.00	\$936,802.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$340,000.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$340,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$2,768.24	\$2,768.24
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$18,661.24	\$1,279,568.58
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$56,196.71	\$1,250,259.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$3,875.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$250.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$4,125.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$56,196.71	\$1,254,384.37
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$65,872.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$18,661.24
25. SUBTOTAL (add Line 23 and Line 24)		\$84,533.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		\$56,196.71
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$28,336.75

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment this Period	Outstanding Balance at Close of This Period
Friends of Tim Johnson				
Full Name, Mailing Address and Zip Code Rucey Bank 201 W. Main Urbana, IL 61801-	\$6,478.89	\$0.00	\$0.00	6,478.89
Nature of Debt (Purpose) Interest				
Full Name, Mailing Address and Zip Code Champaign Telephone 1300 E. Neil Champaign, IL 61820-	\$925.00	\$0.00	\$0.00	925.00
Nature of Debt (Purpose) Telephone System				
Full Name, Mailing Address and Zip Code Keelen Communications PO Box 2776 Arlington, VA 22202-	\$8,196.00	\$0.00	\$8,196.00	
Nature of Debt (Purpose) Fundraising Expense				

1) SUBTOTAL this period this page (optional)	
2) TOTAL This Period (last page this line number only)	\$33,070.69
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$340,000.00
4) ADD stand stand carry forward to appropriate line of Summary Page (last page only)	\$373,070.69

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Tim Johnson				
Full Name, Mailing Address and Zip Code Bank Illinois 100 W. University Avenue Champaign, IL 61820-	\$2,915.98	\$0.00	\$0.00	2,915.98
Nature of Debt (Purpose) Interest				
Full Name, Mailing Address and Zip Code Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	\$16,179.00	\$0.00	\$0.00	16,179.00
Nature of Debt (Purpose) Advertising				
Full Name, Mailing Address and Zip Code Dreamscape Design 1 Hanson Place Champaign, IL 61820-	\$9,812.53	\$0.00	\$3,452.50	6,360.03
Nature of Debt (Purpose) Advertising				
Full Name, Mailing Address and Zip Code Eusey Bank 201 W. Main Jrbana, IL 61801-	\$211.79	\$0.00	\$0.00	211.79
Nature of Debt (Purpose) Fee				

1) SUBTOTAL This Period This Page (optional)	
2) TOTAL This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS From Schedule C (last page only)	
4) ADD (Must stand easy forward to appropriate line of Summary together Page only)	

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of LOAN SOURCE First State Bank of Monticello 201 West Main Street PO Box 260 Monticello, IL 61856-	Original Amount of Loan \$100,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$100,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred 10/05/2000 Date Due 10/05/2001 Interest Rate 7.00 % (apr) Secured YES			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and Zip Code Timothy V. Johnson 21751 CR 1100N Sidney, IL 61877-	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$100,000.00		

SUBTOTAL This Period This Page (optional)	\$100,000.00
TOTAL This Period (last page this line number only)	\$340,000.00

NAME OF COMMITTEE (in full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source Busey Bank 201 N. Main Urbana, IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$90,000.00	Cumulative Payment to Date \$0.00	Balance Outstanding at Close of This Period \$90,000.00
Terms: Date Incurred <u>03/02/2000</u> Date Due <u>12/13/2000</u> Interest Rate <u>8.50</u> % (apx) Secured <u>YES</u>			
List All Endorsers or Guarantors (if any) to Item 4			
Full Name, Mailing Address and ZIP Code Timothy Johnson 2151 County Road 1100N Sidney, IL 61877-	Name of Employer Occupation Attorney Amount Guaranteed Outstanding: \$90,000.00		

SUBTOTAL This Period This Page (optional)	\$90,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full name, Mailing Address and Zip Code of Loan Source Buscy Bank 201 W. Main Urbana, IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original amount of loan \$50,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of this Period \$50,000.00
Terms: Date Issued <u>01/24/2000</u> Date Due <u>12/10/2000</u> Interest Rate <u>8.50</u> % (apr) Secured <u>YES</u>			
List all addresses or discounts (if any) to Item A			
Full name, Mailing Address and Zip Code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-	Name of Employer Johnson, Frack, Frederick & Wa Occupation Attorney Amount Guaranteed Outstanding: \$100,000.00		

SUBTOTAL This Period This Page (optional)	\$50,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source Bank Illinois 100 W. University Avenue Champaign, IL 61820 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$100,000.00	Cumulative Payment to Date \$0.00	Balance Outstanding at Close of this period \$100,000.00
Terms: Date Incurred 02/18/2000 Date Due 02/01/2001 Interest Rate 8.50 % (apr) Secured YES			
List All Endorsers or Guarantors (If any) to Class A			
Full Name, Mailing Address and Zip Code Timothy Johnson 2151 County Road 1100N Sidney, IL 61877-	Name of Employer	[REDACTED]	
	Occupation Attorney		
	Amount Guaranteed Outstanding \$50,000.00		

SUBTOTAL This Period This Page (optional)	\$100,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
8	8
FOR LINE NUMBER	
17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	591.10
Rachael Leman 3303 Summerview Champaign, IL 61822-	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	35.00

SUBTOTAL of Disbursements This Page (optional)	\$626.10
TOTAL This Period (last page this line number only)	\$54,843.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Biebee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	917.10
Full Name, Mailing Address and Zip Code AT&T Cable 303 E. Fairlawn Urbana, IL 61801-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	39.92
Full Name, Mailing Address and Zip Code Premier Technologies P.O.Box 14064 Newark, NJ 07198-0024	Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/2000	260.18
Full Name, Mailing Address and Zip Code Joan Dykstra 311 Church Street Savoy, IL 61874-	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	285.34
Full Name, Mailing Address and Zip Code Joan Dykstra 311 Church Street Savoy, IL 61874-	Services/Campaign Manager Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	4,036.00
Full Name, Mailing Address and Zip Code Rachael Leman 3303 Summerview Champaign, IL 61822-	Re-imburse Hotel-Post Election Part Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/2000	283.63
Full Name, Mailing Address and Zip Code Rachael Leman 3303 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	867.73

SUBTOTAL of Disbursements This Page (optional)	\$6,689.90
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/2000	591.10
Illini Swallow 704 S. Neil St. Champaign, IL 61820-	Deposit for Bus Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/2000	200.00
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/2000	76.72
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/04/2000	917.10
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/04/2000	591.10
Kinkos 505 S. Mattis Champaign, IL 61821-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	197.44
Central Waste Service PO Box 3069 Champaign, IL 61826-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	20.00

SUBTOTAL of Disbursements This Page (optional)	\$2,593.46
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/2000	8,889.73
Matt Bisbee 619 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/2000	917.10
Bundy Business Machi 1605 N Willis Champaign, IL 61821-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	243.40
John Morris 1209 North High Paris, IL 61944	Reimbursement/mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	91.06
Rachael Leman 3303 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	400.00
Lazer's Edge 1303 N. Mattis Champaign, IL 61820-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	106.43
Cellular One 217 S. Neil Street Champaign, IL 61820-	Utilities: Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	792.07

SUBTOTAL of Disbursements This Page (optional)	\$11,439.79
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Detailed Summary page

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Central Waste Service PO Box 3069 Champaign, IL 61826-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/2000	20.00
John Morris 1209 North High Paris, IL 61944	Services/Field Director Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	4,036.00
Keelen Communications PO Box 2776 Arlington, VA 22202-	Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/2000	8,196.00
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Reimbursement/Travel Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	486.55
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/2000	2,200.00
Charles Stephens 2609 Galen Drive Champaign, IL 61821-	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	800.00
Joe Sprengard 1216 Lancaster Champaign, IL 61822-	Services/Volunteer Coordinator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/2000	775.46

SUBTOTAL of Disbursements This Page (optional)	\$16,514.03
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rachael Leman 3303 Summerview Champaign, IL 61822-	Reimbursement Decorations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/26/2000	94.18
Joe Sprengard 1216 Lancaster Champaign, IL 61822-	Services/Volunteer Coordinator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/2000	552.48
Annette Martin 1502 Golfview Drive Rantoul, IL 61866-	Reimbursement Condolence Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/11/2000	43.00
Dreamscape Design 1 Henson Place Champaign, IL 61820-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/2000	3,452.50
Illinois Dep. of Rev Willard Ice Bldg. 101 West Jefferson Springfield, IL 62702-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/2000	865.92
Premier Technologies P.O.Box 14064 Newark, NJ 07198-0024	Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/2000	379.45
Illini Swallow 704 S. Neil St. Champaign, IL 61820-	Bus payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/26/2000	4,316.56

SUBTOTAL of Disbursements This Page (optional)	\$9,704.09
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judy Louis 404 Pond Ridge Rd. Urbana, IL 61802-	Reimbursement-Swearing in Ceremony Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/2000	300.89
Rachael Leman 3503 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/2000	867.73
Nextel PO Box 5188 Carol Stream, IL 60197-5188	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	159.73
Danville Commercial News 17W. North Danville, IL 61832-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/2000	275.50
Joe Sprengard 1216 Lancaster Champaign, IL 61822-	Services/Volunteer Coordinator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/2000	775.48
Jillians 1201 S. Neil St Champaign, IL 61820-	Volunteer Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/2000	100.00
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/2000	250.00

SUBTOTAL of Disbursements This Page (optional) \$2,729.33

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 1 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Power P.O. Box 511 Decatur, IL 62525-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/2000	228.52
Rachael Lemar 3303 Summerview Champaign, IL 61822-	Services Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/04/2000	867.73
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/2000	250.00
McLeod USA 2302 Fox Dr Champaign, IL 61820-	Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/2000	1,404.25
Jillians 1201 S. Neil St Champaign, IL 61820-	Volunteer Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/30/2000	305.48
Mobil 3604 N Mattie Champaign, IL 61820-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/2000	1,405.90
Bloomington Pantagraph 301 W. Washington Bloomington, IL 61701-	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/2000	64.74

SUBTOTAL of Disbursements This Page (optional) \$4,546.62

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for anyone's 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
Groundswell Direct P.O. Box 218 Albert City, IA 50510- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	12/08/2000	2,766.24
Aggregate Year-to-Date ->		2,766.24	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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
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
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
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
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
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)	92,766.24
TOTAL This Period (last page this line number only)	92,766.24

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
SBC Communications PAC 175 E. Houston San Antonio, TX 78205-		12/01/2000	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	10,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Airlines PAC 1101 17th St., N.W., No. 500 Washington, DC 20036-		12/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gun Owners of America PAC 8801 Forbes Place, Suite 102 Springfield, VA 22151-		12/15/2000	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	5,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eagle Forum PAC PO Box 618 Alton, IL 62002-		12/15/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Ready Mixed Concrete PAC 900 Spring Street Silver Spring, MD 20910-		12/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
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
		/ /	
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)	\$12,000.00
TOTAL This Period (last page this line number only)	\$12,000.00

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 G.R. Skillman 606 S. Oak Drive Mahomet, IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 250.00	Date (month, day, year) 12/15/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$3,150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Sidney Rohrscheib R.R. 2, Box 259R Clinton, IL 61727</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 12/05/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>B. Full Name, Mailing Address and Zip Code Camilo Sartie R. R. 2, Box 45 Clinton, IL 61727</p> <p>Receipt For: <input checked="" 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 -> 400.00</p>	<p>Date (month, day, year) 12/05/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>C. Full Name, Mailing Address and Zip Code Camilo Sartie R. R. 2, Box 45 Clinton, IL 61727</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,250.00</p>	<p>Date (month, day, year) 12/05/2000</p>	<p>Amount of Each Receipt this Period 850.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jon Satterwhite 1500 N. Bowman Avenue Danville, IL 61832-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 12/05/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Michael Mooney PO Box 137 Chrisman, IL 61924-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Automobile dealer</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/12/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Tim Mooney Rt. 36, Box 137 Tuscola, IL 61953-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Tony Leone 2121 Timberview Springfield, IL 62702-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 12/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-31-01
<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>Sei</i> PREPARER	2-4-01 DATE PREPARED