

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

200 APR 12 A 9:33

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Friends of Tim Johnson		2. FEC IDENTIFICATION NUMBER C00350421
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 17097		
CITY, STATE and ZIP CODE Urbana, IL 61803	STATE/DISTRICT IL-15th	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 _____ (Type of Election) election on _____ in the State of _____

July 15 Quarterly Report 30-Day Post-Election Report following the General Election on _____ in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

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

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/1/00</u> through <u>3/31/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	74,162	188,923
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	74,162	188,923
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	191,081.79	443,395.95
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	191,081.79	443,395.95
8. Cash on Hand at Close of Reporting Period (from Line 27)	24,838.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	289,712.93	

For further information contact:
Federal Election Commission
989 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 JAMES P. BRAY	Date 4/15/2000
Signature of Treasurer <i>James P. Bray</i>	

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Friends of Tim Johnson	From: 3/1/00	To: 3/31/00
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)	34,410	
(ii) Unitemized	30,752	
(iii) Total of contributions from individuals	65,162	179,923
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	9,000	9,000
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	74,162	188,923
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	90,000	240,000
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	90,000	240,000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	154,162	428,923
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	191,081.79	443,395.95
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)	191,081.79	443,395.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 51,757.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 164,162.00
25. SUBTOTAL (add Line 23 and Line 24)	\$ 215,919.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 191,081.79
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 24,838.13

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule B for each category of the Detailed Summary Page

PAGE 7 OF 8 FOR LINE NUMBER

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
Sam McPheters 405 East Park Arthur, IL 61911 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Classic Marble Occupation:	3/9/00	1000
Bill Abbott 1009 Surrey Road Monticello, IL 61856 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Bill Abbott Chevrolet Occupation: Owner	3/10/00	250.00
Merrill Anderson Rtl, Box 440 Newman, IL 61942 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed Occupation: Auctioneer	3/3/00	250.00
Daniel Bitton 3550 North McAree Rd Waukegan, IL 60087 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation:	3/7/00	1000.00
Roy Block 110 Pleasant Drive Sidney, IL 61877 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation:	3/7/00	1000.00
Ray Campo 3401 Lakeshore Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Property Mgmt	3/4/00	500.00
Tom Fiedler 27 Greencroft Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Owner	3/18/00	1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use Schedule A attachments for each category of the Detailed Summary Page

PAGE 2 OF 8
FOR LINE NUMBER

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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
Michael Hartman Box 2972 Champaign, IL 61825	JSM Apartments Occupation: Owner	3/9/00	500.00
Receipt For: <input checked="" 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
Steven Jambois 423 W Willow Chicago, IL 60614	Kralovec, Jambois Occupation: Attorney	3/8/00	1000.00
Receipt For: <input checked="" 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
Kinceid Farms 105 West Gillogly Newman, IL 61942	 Occupation: Owner	3/10/00	500.00
Receipt For: <input checked="" 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
Jim Kleiss 505 S Niles Tuscola, IL 61953	Edward H Jones Inv. Occupation: Investments	3/9/00	250.00
Receipt For: <input checked="" 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
Gene Laab 1408 Waverly Drive Champaign, IL 61821	Champaign Asphalt Occupation: Owner	3/28/00	1000.00
Receipt For: <input checked="" 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
John Maloney 135 W Main Urbana, IL 61801	Self Occupation: Attorney	3/9/00	250.00
Receipt For: <input checked="" 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
Martha Melman 20 Locust Road Winnetka, IL 60093	Lettuce Entertain U Occupation:	3/8/00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (Include All)

TOTAL This Period (last page is the number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule B for each category on the Detailed Summary Page

PAGE 3 OF 8
FOR LINE NUMBER

Any information copied from donor Records 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
Scott Reichard 107 Meadow Drive Urbana, IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: 5	3/8/00	250.00
B. Full Name, Mailing Address and ZIP Code George Savvas 212 West Springfield Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self Occupation: Doctor Aggregate Year-to-Date: 5	3/10/00	300.00
C. Full Name, Mailing Address and ZIP Code Dean Stewart 1004 Galen Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tri Star Marketing Occupation: Owner Aggregate Year-to-Date: 5	3/9/00	500.00
D. Full Name, Mailing Address and ZIP Code Betty Stewart 1004 Galen Drive Champaign, IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Not Employed Occupation: Aggregate Year-to-Date: 5	3/9/00	500.00
E. Full Name, Mailing Address and ZIP Code Wally Wax 1701 N Prairie Tuscola Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self Occupation: Farmer Aggregate Year-to-Date: 5	3/4/00	250.00
F. Full Name, Mailing Address and ZIP Code Stanley Vaughn 1152 East County Rd 1600 Monticello, IL 61856 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Occupation: Aggregate Year-to-Date: 5	3/4/00	260.00
G. Full Name, Mailing Address and ZIP Code Joe Lamb 3101 Glenhill Place Champaign, IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Champaign Asphalt Occupation: Owner Aggregate Year-to-Date: 5	3/8/00	1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 8
FOR LINE NUMBER

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
Harry H. Hall RR 3, Box 127 Bloomington, IL 61704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	State of Illinois Occupation: Liaison	3/8/00	250.00
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
Harrison McCown P.O. Box 258 Tuscola, IL 61953 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation:	3/8/00	350.00
Aggregate Year-to-Date \$ 5			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jason Combs 815 Mendota Champaign, IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Strategic Marketing Occupation:	3/13/00	500.00
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
Kevin Flynn 576 N Michigan Ave Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	3/17/00	1000.00
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
Michael Guthrie 16 Rive Ridge LeMont, IL 60439 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	3/17/00	1,000.00
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
Bruce Ferry 217 S 7th St Springfield, IL 62701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ferry & Assoc Occupation: Architect	3/17/00	1000.00
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
George White 6329 Country Trails Rochester, IL 62563 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	3/17/00	1,000.00
Aggregate Year-to-Date \$ 5			

SUBTOTAL of Receipts This Page (optional)

Some Tax Exempt Receipts (line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 5 OF 7
FOR LINE NUMBER

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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 Antonacci 3120 Victoria Dr Springfield, IL 62704	IMS National Bank Occupation: Banker	3/17/00	1000.00
Receipt For: <input checked="" 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
Hal Smith 1928 S Glenwood Springfield, IL 62704	Retired Occupation:	3/17/00	1000.00
Receipt For: <input checked="" 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
Thomas Wilmet 217 Smith Road Pittsford, NY 14534	 Occupation:	3/17/00	1000.00
Receipt For: <input checked="" 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
David Hood 1114 Sterling Champaign, IL 61821	Boyne Martin Hood Occupation: Accountant	3/17/00	1000.00
Receipt For: <input checked="" 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
Joseph McQuaid 9739 S Harding Evergreen Park, IL 60805	 Occupation:	3/17/00	1000.00
Receipt For: <input checked="" 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
Samuel Petersheim 406 E Park Arthur, IL 61911	Custom Marble Occupation: Owner	3/14/00	1000.00
Receipt For: <input checked="" 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
Alan Ryle 6 Duclap Ct Savoy, IL 61874	Aly Ryle & companies Occupation: Owner	3/17/00	1000.00
Receipt For: <input checked="" 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 (all pages this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)			
Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynn Ryle 6 Dunlap Ct Savoy, IL 61874	Not Employed	3/17/00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Mindy Garth 4305 Doverbrook Ct Champaign, IL 61822	Al Ryle & Companies	3/17/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	VP	\$ 5	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L Michael Sebans 2412 Cherry Hills Drive Champaign, IL 61821	Integrated Benefits	3/10/00	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Owner	\$ 5	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Doris Grant 1205 Thomas Drive Champaign, IL 61821		3/31/00	700.00
Receipt For: <input checked="" 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
Thomas Bolling 136 N Merrill Ave Park Ridge, IL 60068		3/27/00	350.00
Receipt For: <input checked="" 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
Herb Gradner 433 Sherwood Rd Lagrange Park, IL 60526	United Airlines	3/27/00	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Director Govt Aff.	\$ 5	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J Robert Bari 1144 Asbury Ave Evanston, IL		3/26/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 5	

SUBTOTAL of Receipts This Page (optional) _____

NOTE: This Period (as indicated by line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule A for each category of the Detailed Summary Page

PAGE 7 OF 8 FOR LINE NUMBER

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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
Michael Henneman 1001 Wilshire Ct Champaign, IL 61821	Henneman Raufeisen	3/26/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner		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
Dr Philip O'Connor 1318 W George St Chicago, IL 60657	Self	3/26/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Doctor		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
Robert Runck 701 N Main St. Joseph, IL 61873		3/26/00	500.00
Receipt For: <input checked="" 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
John Healy 132 Triple Crown Ct Wheaton, IL 60187		3/26/00	500.00
Receipt For: <input checked="" 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
Brettan Miller 1600 W Bradley Champaign, IL 61821	Miller and Miller	3/16/00	1000.00
Receipt For: <input checked="" 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Hagle 3831 Blanchan Avenue Brookfield, IL 60513	State of Illinois	3/10/00	250.00
Receipt For: <input checked="" 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
Jeff Hartman P.O. Box 2972 Champaign, IL 61820	JSM Apartments	3/10/00	500.00
Receipt For: <input checked="" 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 and line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER

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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
Shawn Goady Paxton, IL 60957	Hicks Gas Occupation: Owner	3/28/00	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Steve Pacey P.O. Box 1 Paxton, IL 60957	State of Illinois Occupation: Judge	3/28/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code James Allee P.O. Box 567 Matteson, IL 61938	Allee Lumber Occupation: Owner	3/10/00	450.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Leonard Tobey 507 Pilot Herscher, IL 60941	Occupation:	3/13/00	500.00
Receipt For: <input checked="" 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 Occupation:	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):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation:	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation:	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Receipts only) (line number only)

34,410.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category on the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

Any information copied from donor Returns 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
Commonwealth Edison PAC Chicago, IL		3/17/00	3500.00
Receipt For: <input checked="" 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 Citizens for Art Tenhouse P.O. Box 77 Quincy, IL 62306		3/17/00	1000.00
Receipt For: <input checked="" 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 Citizens for Ron Stephens P.O. Box 87 Troy, IL 62294		3/17/00	1000.00
Receipt For: <input checked="" 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 ADM PAC P.O. Box 1470 Decatur, IL 62525		3/27/00	500.00
Receipt For: <input checked="" 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 Judy Biggert For Congress P.O. Box 637 Hinsdale, IL 60522		3/27/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus P.O. Box 545B Springfield, IL 62705		3/27/00	1000.00
Receipt For: <input checked="" 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 City Political Action Committee 1620 W. Diversey Chicago, IL 60614		3/26/00	1000.00
Receipt For: <input checked="" 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)

9,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 4
FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821	Mailings	3/9/00	1568.93
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/10/00	436.99
	<input type="checkbox"/> Other (specify)	3/10/00	1374.37
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/10/00	1356.06
	<input type="checkbox"/> Other (specify)	3/13/00	330.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/6/00	25,000
	<input type="checkbox"/> Other (specify)	3/9/00	40,000
Wilson Grand Communications 429 N. St. Asaph Alexandria, VA 22314	TV & Radio	3/17/00	25,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/6/00	5500.00
	<input type="checkbox"/> Other (specify)		
Wirthlin Worldwide 1363 Beverly Road McLean, VA 22101	Polling		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/2/00	775.48
	<input type="checkbox"/> Other (specify)	3/14/00	775.48
Matt Bisbee 639 St. Andrews Cr Rantoul, IL 61866	Staff	3/28/00	775.48
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/2/00	1101.15
	<input type="checkbox"/> Other (specify)	3/14/00	1101.15
Brad Graven 406 W Linden Tolono, IL 61880	Staff	3/28/00	1101.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/10/00	122.19
	<input type="checkbox"/> Other (specify)		
Brad Graven 406 W Linden Tolono, IL 61880	Reimburse Mileage		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/10/00	258.00
	<input type="checkbox"/> Other (specify)		
Pasprint 33 E Green Champaign, IL 61820	Printing		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/2/00	1474.00
	<input type="checkbox"/> Other (specify)		
Groundswell Direct P.O. Box 218 Albert City, IA 50510	Phone Calls		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Created Summary Page

PAGE 2 OF 4 FOR LINE NUMBER

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kathy Michael 110 Diane Drive Lexington, IL 61753	Campaign workers	3/2/00	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	1200.00
Jeanne Murray 905 Sunnycrest Drive East Urbana, IL 61801	Staff	3/2/00	775.48
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	250.00
Kara Nelson 1601 Golfview Circle Rantoul, IL 61866	Reimb. Postage	3/18/00	1920.65
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
News-Gazette 10 Main Champaign, IL 61820	Newspaper Ad	3/17/00	4947.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Personal Service Co 1129 S Grand Springfield, IL 62708	Advertising	3/17/00	191.98
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	19.37
Quill Corporaton P.O. Box 94081 Palatine, IL 60094	Office Supplies	3/3/00	878.48
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	1194.33
		3/17/00	233.74
Radisson Hotel 10 Brickyard Drive Bloomington, IL 61701	Fundraising Expense	3/3/00	700.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Premier Technologies P.O. Box 14024 Newark, NJ 07198	Fax Service	3/30/00	522.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
The Leader 115 East Ave Ogden, IL 61859	Newspaper Ad	3/17/00	200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Use separate schedules for each category on the Detailed Summary Page

PAGE 3 OF 4
FOR LINE NUMBER

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Graff 444 Hager Drive Gibson City, 60936	Newspaper Ads, Radio Ad Food for Events Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	8120.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dreamscape Design 1 Henson Place Champaign, IL 61820	Printing, Layout Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/00 3/8/00	15,000 1,180
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bloomington Pantagraph Bloomington, IL 61701	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00	5178.44
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ezozs Pizza Lincoln Square Mall Urbana, IL 61801	Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/00	540.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Department of Revenue Springfield, IL 62704	Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	301.98
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Insurance Providers 522 E Champaign Rantoul, IL 61866	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Johnson 36008 State Route 9 Rankin, IL 60967	Staff Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/00 3/14/00 3/28/00	591.10 591.10 591.10
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pam Kinsey 500 N. Dearborn Chicago, IL 60610	Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/00	1815.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McLeod USA 2302 Fox Drive Champaign, IL 61821	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/00	828.20

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Debtor's Summary Page

PAGE 4 OF 4
FOR LINE NUMBER

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster 2001 N. Mattis Champaign, IL 61821	Mailings	3/6/00	6863.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/17/00	8500.00
	<input type="checkbox"/> Other (specify)	3/2/00	503.60
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		3/2/00	3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/2/00	1393.41
	<input type="checkbox"/> Other (specify)	3/6/00	950.78
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		3/7/00	1115.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/8/00	386.19
	<input type="checkbox"/> Other (specify)		
D. 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 Champaign, IL 61820	Payroll Taxes	3/9/00	3033.75
	Bank Charges	3/6/00	15.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

191081.79

TOTAL This Period (last page this line number only)

SCHEDULE C
 Revised 3/80)

LOANS

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 Champaign, IL 61820 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 100,000	Cumulative Payment To Date	Balance Outstanding at Close of This Period 100,000
---	---	----------------------------	---

Terms: Date Incurred 1/6/00 Date Due 1/6/01 Interest Rate 8.5 % (per) Secured

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

1. Full Name, Mailing Address and ZIP Code Tim Johnson 2151 County Rd 1100 N Sidney, IL 61877	Name of Employer Johnson Frank Frederick Occupation Attorney Amount Guaranteed Outstanding: \$	
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 Busey Bank 201 W Main Urbana, IL 61801 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 140,000	Cumulative Payment To Date	Balance Outstanding at Close of This Period 141,657.50
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Terms: Date Incurred 2/13/99 Date Due 12/13/00 Interest Rate 8.5 % (per) Secured

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

1. Full Name, Mailing Address and ZIP Code Tim Johnson 2151 County Rd 110 N Sidney, IL 61877	Name of Employer Johnson, Frank, Frederick Occupation Attorney Amount Guaranteed Outstanding: \$	
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) _____

Copy of loan agreement only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

DEBTS AND OBLIGATIONS
Excluding Loans

SCHEDULE D
 (vised 3-80)

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 A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dreamscape Design 1 Henson Place Champaign, IL 61820	0	17876.71		17876.71
Nature of Debt (Purpose):				
Advertising, Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wirthlin Worldwide 1363 Beverly Road McLean, VA 22101	0	5500.00		5500.00
Nature of Debt (Purpose):				
Polling				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kinkos 505 S Mattis Champaign, IL 61820		6947.88		6947.88
Nature of Debt (Purpose):				
Copying				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dennis Graff 444 Hager Gibson, City, IL 60936		10,869.65		10,869.65
Nature of Debt (Purpose):				
Newspaper Advertising				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Strategic Marketing & Mailing P.O. Box 6013 Champaign, IL 61826		6,861.19		6,861.19
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1. SUBTOTALS This Period This Page (optional)				48,055.43
2. TOTALS This Period (last page in this line only)				241,657.50
3. TOTAL OUTSTANDING LOANS from Schedule C (last page only)				289,712.93

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 4-18-00
<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	
WC PREPARER	4/18/00 DATE PREPARED