

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 24
10/25/2000 14 : 25

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

4. TYPE OF REPORT

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

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

SUMMARY

5. Covering period <u>10/01/2000</u> through <u>10/18/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	71052.82	764195.80
(b) Total Contribution Refunds (from line 20(d))	0.00	4025.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	71052.82	760170.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	136238.47	1026087.31
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	136238.47	1026087.31
8. Cash on Hand at Close of Reporting Period (from line 27)	113394.57	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	357170.70	

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

Type or Print Name of Treasurer

Electronically Filed by Jim Bray

Signature of Treasurer

Date

10/25/2000

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) Friends of Tim Johnson	Report Covering the Period From: 10/01/2000 To: 10/18/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	28830.00	
(ii) Unitemized	18295.00	
(iii) Total of contributions from individuals	45125.00	450912.00
(b) Political Party Committees	2200.00	18228.00
(c) Other Political Committees (such as PACs)	23727.82	295055.80
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	71052.82	764195.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	100000.00	340000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	100000.00	340000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	171052.82	1104195.80
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	136238.47	1026087.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4025.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	4025.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	136238.47	1030112.31
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		78580.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		171052.82
25. SUBTOTAL (add Line 23 and Line 24)		249633.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		136238.47
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		113394.57

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 24
				FOR LINE NUMBER	11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Bill Olson 112 Tamarisk Drive Springfield IL 62704-	Name of Employer Associated Beer Distributors o	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 450.00			
Full Name, Mailing Address, and ZIP Code Clive Folmer 302 E Sherwin Circle Urbana IL 61802-	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Jim Berham 211 Stanga Champaign IL 61820-	Name of Employer Berham Benefit Group	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Owner	Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Mark Stolkn 2409 N High Cross Road Urbana IL 61802-9644	Name of Employer Rogers Chevrolet	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Automobile dealer	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Pat Fitzgerald 1212 Waverly Drive Champaign IL 61821-	Name of Employer Meyer, Capel	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code David Sholem 1102 West Amory Champaign IL 61821-	Name of Employer Meyer, Capel	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1250.00			
Full Name, Mailing Address, and ZIP Code Jeff Hartman 505 South First Champaign IL 61825-	Name of Employer JSM Apartments	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2000.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		4 / 24
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Joe Lamb 3101 Glenhill Drive Champaign IL 61821-	Name of Employer Champaign Asphalt Occupation Owner	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code Doug Mills 201 West Main Urbana IL 61805-	Name of Employer First Busey Corporation Occupation Company president	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Jeff Wampler 1102 South Prospect Avenue Champaign IL 61821-	Name of Employer Ervin, Martinkus & Cole Occupation Attorney	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1250.00			
Full Name, Mailing Address, and ZIP Code Roger Yarbrough 1105 Devonshire Drive Champaign IL 61821-	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code Gene Lamb 1408 Waverly Drive Champaign IL 61821-	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code Scott Anderson 2601 Prairie Meadow Champaign IL 61821-	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dave Kuhl 101 Greencroft Drive Champaign IL 61821-	Name of Employer Busey Bank Occupation Banker	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 24
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Ruth Gordon 1421 County Road 2800 North Rantoul IL 61866- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 40.00
Full Name, Mailing Address, and ZIP Code Warren Pacey 312 South Cherry PO Box 35 Paxton IL 60957-0035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Jim Faron 2014 Bymabruk Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carle Clinic Occupation Optometrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Gordon Martin 109 West Pennsylvania Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Norma Jean Teater 1417 Youman Drive Rantoul IL 61866- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Carl Meyer 2211 Eagle Ridge Road Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation Foundation Director Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Tom Mengler 3341 Stoneybrook Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Illinois Occupation Professor Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 200.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 24
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Dana Motley 1706 West Green Street Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 350.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Gary Melvin R.R. 1, Box 226 Sullivan IL 61951- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rural King	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
	Occupation CEO	Aggregate Year-to-Date > \$ 1500.00	
Full Name, Mailing Address, and ZIP Code Greg Ryan 2803 Slayback Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 200.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 450.00	
Full Name, Mailing Address, and ZIP Code Paul Smith 2205 Boudreau Circle Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Smith Rentals	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 300.00
	Occupation Owner	Aggregate Year-to-Date > \$ 650.00	
Full Name, Mailing Address, and ZIP Code Howard Wakeland 2213 Combes Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 400.00
	Occupation Professor	Aggregate Year-to-Date > \$ 549.00	
Full Name, Mailing Address, and ZIP Code L. F. Welch 2201 Vawter Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 150.00
	Occupation Retired	Aggregate Year-to-Date > \$ 390.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 24
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Mark Miller P.O. Box 258 Coffey IL 61728- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Miller Insurance Agency Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Harry Clem P.O. Box 25 Urbana IL 61803-0025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign County Occupation Circuit Judge Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Harry Clem P.O. Box 25 Urbana IL 61803-0025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign County Occupation Circuit Judge Aggregate Year-to-Date > \$ 320.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Eric Meyer 804 Pomona Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Property Management Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Richard Sheets 2005 Trout Valley Road Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Management Consultant Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Richard Sheets 2005 Trout Valley Road Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Management Consultant Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Anna Wall Scott 308 West Michigan Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation Professor Aggregate Year-to-Date > \$ 1550.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 1000.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		8 / 24
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code James Bristow 1805 Meadow Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Sales Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Betty Stewart 1004 Galen Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Roy Block 110 Pleasant Drive, Box 425 Sidney IL 61877- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1200.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Marvin Perzee 1487 E 2500 North Road Ashkum IL 60811- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Timberlawn Farm Occupation Owner Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code James Ayers 114 S Charter Street Monticello IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Shonkewiler, Ayers & Rhoades Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Jon Stewart 607 La Sel Drive Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer TRI Star Occupation Executive Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Jerry Gibbs 113 S. Loveridge Lane Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Big R Stores Occupation Retail Sales Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 40.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 24
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Michael Lynch 100 S. Fourth Street Box 303 Watseka IL 60970-	Name of Employer Information Requested	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 100.00
	Occupation Insurance Broker		
	Aggregate Year-to-Date > \$ 1100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Paul Schroeder 915 Bonnie Brae River Forest IL 60305-	Name of Employer Information Requested	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 450.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Phillip Block 1430 Lake Shore Dr. Chicago IL 60610-	Name of Employer Capitol Guardian Trust Co.	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 250.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 750.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Agnes Simms 208 N. White PO Box 558 Sidney IL 61877-	Name of Employer Information Requested	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 40.00
	Occupation Realtor		
	Aggregate Year-to-Date > \$ 350.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Jerold Ramshaw 1303 Old Farm Road Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 300.00
	Occupation Real estate broker		
	Aggregate Year-to-Date > \$ 1300.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Richard Davidson 703 North Niles Street Tuscola IL 61955-	Name of Employer Self	Date (month, day, year) 10/05/2000	Amount of Each Receipt this Period 100.00
	Occupation Dentist		
	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Oscar Gaddy 608 Evergreen Court E Urbana IL 61801-	Name of Employer University of Illinois	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
	Occupation Professor Emeritus		
	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		10 / 24
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code R.O. Grant 1209 Garden Lane Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Info Occupation Information Requested Aggregate Year-to-Date > \$ 2100.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Linda Perzee PO Box 155 Danforth IL 60930- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Linda Perzee PO Box 185 Danforth IL 60930- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Information Requested Aggregate Year-to-Date > \$ 540.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Ray Timpone 710 S Goodwin Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code John Bramfeld 115 N. Neil Street Suite 101 Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer John Bramfeld Law Office Occupation Attorney Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Cathy Morgan P.O. Box 877 Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Stephen Audire 1100 N. Lakeshore Dr. Apt. 37-C Chicago IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 24
					FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Jeffrey Fredrick 7 Goldfinch Savoy IL 61874-		Name of Employer Johnson, Frank, Frederick, & W Occupation Attorney		Date (month, day, year) 10/15/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code E. Michael Wambier P.O. Box 3502 Champaign IL 61821-		Name of Employer IDEW Occupation Business Agent		Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Richard Reising P.O. Box 2776 Arlington VA 22202-		Name of Employer Information Requested Occupation Information Requested		Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Harry Bond 330 Berkshire Court Bourbonnais IL 60814-		Name of Employer Information Requested Occupation Information Requested		Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Steven Hillard 1310 Cross Creek Mahomet IL 61855-		Name of Employer Johnson-Ross Corporation Occupation President		Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Citizens for Cronin P.O. Box 6596 Villa Park IL 60181-		Name of Employer Information Requested Occupation State Senator		Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Ruth Diemer 17449 N. 1200 East Rd. Pontiac IL 61764-		Name of Employer Information Requested Occupation Farmer		Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 24
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Rick Beyers 411 Smith St. Westville IL 61883- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Emulcoat Inc.	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Barbara Wells PO Box 208 Green Village NJ 07935- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Peter Drake 255 Mayflower Road Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Prudential Securities	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investment Banker		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Greeley Wells PO Box 208 Green Village NJ 07935- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1000.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	26830.00

SCHEDULE A		ITEMIZED RECEIPTS		13 / 24
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Majority Leader Fund Honorable Dick Arney P.O. Box 995 Lewisville TX 75067-	Name of Employer Information Requested	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1512.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 9570.00		
Full Name, Mailing Address, and ZIP Code Bank One Corporation PAC One First National Plaza Chicago IL 60690-	Name of Employer Information Requested	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 3500.00		
Full Name, Mailing Address, and ZIP Code Fund For A Free Market America PAC 613 S. Taylor Street Arlington VA 22204-	Name of Employer Information Requested	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Philip Morris PAC 120 Park Avenue New York NY 10017-	Name of Employer Information Requested	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 2000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code RJR PAC 1455 Pennsylvania Avenue, NW Suite 925 Washington DC 20004-	Name of Employer Information Requested	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code La Salle PAC Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1200.00		
Full Name, Mailing Address, and ZIP Code AGC PAC 333 John Carlyle Street, Suite 200 Alexandria VA 22314-	Name of Employer Information Requested	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		14 / 24
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code AGC PAC 333 John Carlyle Street, Suite 200 Alexandria VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 3500.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Citizens for Clear 115 Concord Lane Bolingbrook IL 60440-1417 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code ACA PAC 1701 Clarendon Blvd. Arlington VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 2000.00	
Full Name, Mailing Address, and ZIP Code Union Pacific Fund PAC 800 13th St., NW Suite 340 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 2500.00	
Full Name, Mailing Address, and ZIP Code American Success PAC 1155 21st Street, N.W. Ste. 300 Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Abate of Illinois PAC 311 E. Main St., #418 Galesburg IL 61401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Manzula for Congress P.O. Box 7783 Rockford IL 61126- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 1000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		15 / 24
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Activator PAC 1701 Towards Ave. Bloomington IL 61701-	Name of Employer Information Requested	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 215.80	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 215.80		
Full Name, Mailing Address, and ZIP Code Franchisee PAC P.O. Box 14261 Washington DC 20044-	Name of Employer Information Requested	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code ITW PAC 3600 W. Lake Ave. Glenview IL 60025-	Name of Employer Information Requested	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code FMC PAC 200 East Randolph Dr. Chicago IL 60601-	Name of Employer Information Requested	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CNA Citizens For Good Govern- ment PAC CNA Plaza Chicago IL 60605-	Name of Employer Information Requested	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CVF PAC 104 North Carolina Ave. Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Wine and Spirits PAC 805 15th St., N.W., Suite 430 Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)			23727.82	

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

SCHEDULE B		ITEMIZED DISBURSEMENTS		17 / 24
		Use separate schedule(s) for each category of the Detailed Summary Page		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 U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/17/2000	Amount of Each Disbursement This Period 396.00	
Full Name, Mailing Address, and ZIP Code PDQ Printing 1802 N Lincoln Urbana IL 61801-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 96.80	
Full Name, Mailing Address, and ZIP Code WCZQ Monticello IL 61856-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/13/2000	Amount of Each Disbursement This Period 800.00	
Full Name, Mailing Address, and ZIP Code Joe Leventhal 115 D Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/10/2000	Amount of Each Disbursement This Period 800.00	
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Services-Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 591.10	
Full Name, Mailing Address, and ZIP Code WHPO 627 N. Market Street Hoopston IL 60942-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/13/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/17/2000	Amount of Each Disbursement This Period 164.72	
Full Name, Mailing Address, and ZIP Code Charles Stephens 2609 Galen Drive Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 800.00	
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 767.72	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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-	Operating Expenditure Services-Adminstra Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/08/2000	867.73
Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/17/2000	47088.65
Bundy Business Machi 1605 N Willis Champaign IL 61821-	Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/08/2000	121.70
U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/03/2000	100.00
William Razzano 726 S. Third St. Watseka IL 60970-	Operating Expenditure Reimbursement/Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/15/2000	730.00
U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/11/2000	82.06
Peter Fox 1118 West Amory Champaign IL 61821-	Operating Expenditure Reimbursement/Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/08/2000	557.00
Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Operating Expenditure Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/08/2000	217.52
Kinkos 505 S. Mattis Champaign IL 61821-	Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/15/2000	273.48

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
17

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
Activator PAC 1701 Towanda Ave. Bloomington IL 61701-	In-Kind Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/04/2000	215.80
Dave's Restaurant 123 S. Main Street Homer IL 61849-	Operating Expenditure Office Materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/08/2000	262.27
Keelen Communications PO Box 2776 Arlington VA 22202-	Operating Expenditure Fund-raising Expen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/15/2000	175.00
Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Operating Expenditure Reimbursement/Para Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/15/2000	50.00
Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Operating Expenditure Reimbursement/Offi Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/08/2000	21.16
Fasprint 33 E. Green Champaign IL 61820-	Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/10/2000	393.66
WJEZ 315 N. Mill Street Pontiac IL 61764-	Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/16/2000	700.00
PIP Printing 503 N Prospect Bloomington IL 61701-	Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/08/2000	3372.39
Mobil 3604 N Mattis Champaign IL 61820-	Operating Expenditure Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	10/15/2000	953.06

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 24
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Jack Johnson 642 N Sangamon Gibson City IL 60936-	Purpose of Disbursement Operating Expenditure Reimburse- ments/Tra Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 993.50
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 15.00
Full Name, Mailing Address, and ZIP Code Central Waste Service PO Box 3069 Champaign IL 61826-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 20.00
Full Name, Mailing Address, and ZIP Code Dreamscape Design 1 Henson Place Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertis- ing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 1745.00
Full Name, Mailing Address, and ZIP Code WJBC 1701 E. Empire Street Bloomington IL 61704-	Purpose of Disbursement Operating Expenditure Advertis- ing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 1251.00
Full Name, Mailing Address, and ZIP Code Joe Sprengard 1216 Lancaster Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Services- /Volunteer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 552.48
Full Name, Mailing Address, and ZIP Code Wilson Grand 429 N. Street Asaph Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Televisi- on & Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 51710.71
Full Name, Mailing Address, and ZIP Code John Morris 1209 North High Paris IL 61944-	Purpose of Disbursement Operating Expenditure Services- /Field Dir Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 2386.90
Full Name, Mailing Address, and ZIP Code Kevin Johnson 3608 State Route 9 Rankin IL 60960-	Purpose of Disbursement Operating Expenditure Reimburse- ment/ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 298.75

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		21 / 24
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Quill Corporation P.O. Box 94081 Palatine IL 60094-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 10.32	
Full Name, Mailing Address, and ZIP Code C&U Poster 704 N. Neil Street Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 3046.00	
Full Name, Mailing Address, and ZIP Code Meleod USA 2302 Fox Dr Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 1162.54	
Full Name, Mailing Address, and ZIP Code Premier Technologies P.O.Box 14064 Newark NJ 07198-0024	Purpose of Disbursement Operating Expenditure Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 193.50	
Full Name, Mailing Address, and ZIP Code PIP Printing 503 N Prospect Bloomington IL 61701-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period 446.88	
Full Name, Mailing Address, and ZIP Code Matt Bisbee 639 St. Andrews Circle Rantoul IL 61866-	Purpose of Disbursement Operating Expenditure Services-Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 817.10	
Full Name, Mailing Address, and ZIP Code Bank Illinois 100 W. University Avenue Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/17/2000	Amount of Each Disbursement This Period 15.00	
Full Name, Mailing Address, and ZIP Code Wirthlin Worldwide 1363 Beverly Road Mc Lean VA 22101-	Purpose of Disbursement Operating Expenditure Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/06/2000	Amount of Each Disbursement This Period 7200.00	
Full Name, Mailing Address, and ZIP Code Rachael Leman 3303 Summerview Champaign IL 61822-	Purpose of Disbursement Operating Expenditure Reimbursement/Off Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 57.87	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		22 / 24
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Biaggi's Restaurant 2235 S. Neil Champaign IL 61820-	Purpose of Disbursement Operating Expenditure Fund-raising Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/02/2000	Amount of Each Disbursement This Period 832.16	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/10/2000	Amount of Each Disbursement This Period 462.00	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Kathy Michael 110 Diane Lane PO Box 184 Lexington IL 61753-	Purpose of Disbursement Operating Expenditure Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/08/2000	Amount of Each Disbursement This Period 44.72	
Full Name, Mailing Address, and ZIP Code U.S. Postmaster 2001 N. Mattis Champaign IL 61821-	Purpose of Disbursement Operating Expenditure Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/06/2000	Amount of Each Disbursement This Period 217.71	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				135685.86

SCHEDULE C <small>(Revised 3/80)</small>		LOANS		23 / 24
			<small>Use separate schedule(s) for each numbered line</small>	FOR LINE NUMBER 10
NAME OF COMMITTEE (in Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code of Loan Source Bank Illinois 100 W. University Avenue Champaign IL 61820- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 100000.00 REF-ID : LS1015200017C2023	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 100000.00	
TERMS: Date incurred: 02/16/2000 Date Due: Interest Rate(%) = .0650 <input checked="" type="checkbox"/> Secured				
Full Name, Mailing Address, and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 50000.00 REF-ID : LS1015200017C2024	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 50000.00	
TERMS: Date incurred: 01/24/2000 Date Due: Interest Rate(%) = .0850 <input checked="" type="checkbox"/> Secured				
Full Name, Mailing Address, and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 90000.00 REF-ID : LS1015200017C2036	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 90000.00	
TERMS: Date incurred: 03/02/2000 Date Due: Interest Rate(%) = .0850 <input checked="" type="checkbox"/> Secured				
Full Name, Mailing Address, and ZIP Code of Loan Source First State Bank of Monticello 201 West Main Street PO Box 280 Monticello IL 61856- Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 100000.00 REF-ID : LS102020002C2771	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 100000.00	
TERMS: Date Incurred: 10/05/2000 Date Due: Interest Rate(%) = .0700 <input checked="" type="checkbox"/> Secured				
SUBTOTALS This Period This Page (Optional)				
TOTALS This Period (last page this line number only)				340000.00
<small>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary</small>				

SCHEDULE D (Revised 3/80)		DEBTS AND OBLIGATIONS Excluding Loans			24 / 24 Use separate schedule(s) for each numbered line FOR LINE NUMBER 10
NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Bank Illinois 100 W. University Avenue Champaign IL 61820-	2915.98	0.00	0.00	2915.98	
Nature of Debt (purpose): Interest					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Wirthlin Worldwide 1363 Beverly Road Mc Lean VA 22101-	12900.00	0.00	0.00	12900.00	
Nature of Debt (purpose): Polling					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Busey Bank 201 W. Main Urbana IL 61801-	429.72	0.00	0.00	429.72	
Nature of Debt (purpose): Interest					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Champaign Telephone 1300 S. Neil Champaign IL 61820-	925.00	0.00	0.00	925.00	
Nature of Debt (purpose): Telephone System					
1) SUBTOTALS This Period This Page (Optional)					
2) TOTALS This Period (last page this line number only)				17170.70	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					