



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

James Bray, Treasurer
Friends of Tim Johnson
P.O. Box 17097
Urbana, IL 61803

Identification Number: C00350421

Reference: 12 Day Pre-General Report (10/1/00-10/18/00) ^{JAN} 9 2001

Dear Mr. Bray:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the new or corrected information. If the contribution(s) exceeds the limits, you should either refund to the donor the amount in excess of \$1,000 or request a written redesignation and/or reattribution of the contribution(s) from the donor. All

refunds, redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

-Commission Regulations require the continuous reporting of all outstanding loans. This report omits the loan(s) itemized on your previous report(s). Please amend your report(s) to indicate the current status of the following loan(s): Bank of Illinois and Busey Bank. (11 CFR §§104.3(d) and 104.11)

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up,

stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))

The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Your report indicates loan(s) of \$100,000, \$50,000 and \$90,000 owed to the Bank of Illinois and Busey Bank which were previously reported in the Amended July Quarterly Report for the 2000 Election Cycle. In your prior report, all required information regarding the loan(s) was provided. However, your current report fails to provide this information. With every report submitted, you must provide the date incurred, the original source and amount of the loan, the due date, the interest rate, the cumulative payment, and the outstanding balance. In addition, if there are any endorsers or guarantors, their mailing address along with the name of their employer and occupation must be disclosed. Please amend your report to include the due date. 11 CFR §§100.7(a)(1) and 104.3(d))

-Schedule C of your report fails to include information required by Commission Regulations. You must provide the date incurred, the original source and amount of the loan, the due date, the interest rate, the cumulative payment, and the outstanding balance. In addition, if there are any endorsers or guarantors, their mailing address along with the name of their employer and occupation must be disclosed. Please amend your report to include the due date. (11 CFR §§100.7(a)(1) and 104.3(d))

-Your report discloses a loan from a lending institution; however, you have not submitted a Schedule C-1 (copy attached) and a copy of the loan agreement. Please submit the missing documents. 11 CFR §104.3(d)(2)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Kimberly Willis
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Olson 112 Tamansk Drive Springfield, IL 62704	Associated Beer Distributors Occupation: Executive	10/18/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
Clive Palmer 302 E Sherrin Circle Urbana, IL 61802	Self-employed Occupation: Attorney	10/10/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Jim Barkham 211 Slanage Champaign, IL 61820	Occupation:	10/04/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Mark Stollen 2409 N High Cross Road Urbana, IL 61802-8644	Rogers Chevrolet Occupation: Automobile dealer	10/16/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Pat Fitzgerald 1212 Waverly Drive Champaign, IL 61821	Meyer, Capel Occupation: Attorney	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
David Sholen 1102 West Amory Champaign, IL 61821	Meyer, Capel Occupation: Attorney	10/17/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1250.00		
Jeff Hartman 505 South First Champaign, IL 61825	JSM Apartments Occupation:	10/16/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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

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

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FOR LINE NUMBER

11(a)(1)

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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
Lennard Flynn 53 Greencroft Drive Champaign, IL 61821	Flynn, Palmer & Tague Attorney	04/03/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rudy Frasca 906 Airport Road Urbana, IL 61801-	Frasca International	06/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Gardner 433 Sherwood Road La Grange Park, IL 60526-	United Airlines Public Affairs Director	04/06/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Sidwitz 225 W. Wacker Dr. Suite 1800 Chicago, IL 60606-	Requested Info	04/03/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Grumish 606 Park Lane Drive Champaign, IL 61820-	Grumish & Lee Automotive Warehouse Director	04/03/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Hartman 505 South First Champaign, IL 61825	JSM Apartments	06/30/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael R. Hartman Box 2972 Station A Champaign, IL 61825-2972	JSM Apartments Owner	06/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,500.00	

SUBTOTAL of Receipts This Page (optional)

3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (in Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Dean Stewart 1004 Galen Drive Champaign IL 61821	Name of Employer Information Requested	Date (month, day, year) 08/22/2000	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 Retired	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Jon Stewart 807 La Sell Drive Champaign IL 61821	Name of Employer TRI Star	Date (month, day, year) 07/27/2000	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 Executive	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Kip Pope P.O. Box 746 Champaign IL 61824-0746	Name of Employer C & U Poster Advertising Co.	Date (month, day, year) 08/02/2000	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 Owner	Aggregate Year-to-Date > \$ 2000.00	
Full Name, Mailing Address, and ZIP Code E.J. Hynds 608 South James Street Champaign IL 61821	Name of Employer English Brothers Co.	Date (month, day, year) 08/18/2000	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 Engineer/CEO	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code E.J. Hynds 608 South James Street Champaign IL 61821	Name of Employer English Brothers Co.	Date (month, day, year) 09/27/2000	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 Engineer/CEO	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Randy Palghetti Rt. 1, P.O. Box 780 Morton IL 62959	Name of Employer Information Requested	Date (month, day, year) 08/07/2000	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 Nicole Storch 2211 North Barker Road Champaign IL 61821	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	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

FOR LINE NUMBER
11A1

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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-	Name of Employer Self Occupation Sales	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):	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Betty Stewart 1004 Galen Drive Champaign IL 61821-	Name of Employer Occupation Retired	Date (month, day, year) 10/03/2000	Amount of Each Receipt this Period 400.00
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 Roy Block 110 Pleasant Drive, Box 425 Sidney IL 61877-	Name of Employer Occupation Retired	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1200.00		
Full Name, Mailing Address, and ZIP Code Marvin Parzee 1487 E 2500 North Road Ashburn IL 60911-	Name of Employer Timberlawn Farm Occupation Owner	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code James Ayers 114 S Charter Street Monticello IL 61856-	Name of Employer Shankwiler, Ayers & Rhoades Occupation Attorney	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):	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Jon Stewart 807 La Sol Drive Champaign IL 61820-	Name of Employer TRI Star Occupation Executive	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 > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Jerry Gibbs 113 S. Lovelidge Lane Watseka IL 60970-	Name of Employer Big R Stores Occupation Retail Sales	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 440.00		

kw

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		(Use separate scheduling) for each category of the Detailed Summary Page	16 / 24
					FOR LINE NUMBER 118
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 Commil 1245 B. Mill Postice IL 61764-	Name of Employer Information Requested		Date (month, day, year) 10/11/2000	Amount of Each receipt this Period 2000.00	
	Occupation Information Requested				
	Aggregate Year-to-Date > 5		2100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Mailing Address, and ZIP Code Livingston Co. Republican Central Commil 1245 B. Mill Postice IL 61764-	Name of Employer Information Requested		Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 200.00	
	Occupation Information Requested				
	Aggregate Year-to-Date > 8		2300.00		
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)					2200.00

Handwritten notes on the left side of the form, including "100" and "100" written vertically.

Handwritten notes on the right side of the form, including "100" and "100" written vertically.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred: _____			
B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER TYPED NAME _____ SIGNATURE _____			DATE _____
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE TYPED NAME _____ SIGNATURE _____		TITLE _____	DATE _____

