

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

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

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>10/01/1999</u> through <u>12/31/1999</u>		
B. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	59,455.00	59,455.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	59,455.00	59,455.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20,143.92	20,143.92
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	20,143.92	20,143.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	39,311.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20469
Toll Free 800-424-6690
Local 202-384-1100

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

Type or Print Name of Treasurer James P. Bray	Date 1/31/2000
Signature of Treasurer 	

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:		
Friends of Tim Johnson	From: 10/01/99	To: 12/31/99	
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			11(b)(1)
(i) Itemized (use Schedule A) -----	59,455.00		11(a)(i)
(ii) Unitemized -----			11(a)(ii)
(iii) Total of contributions from individuals -----			11(a)(iii)
(b) Political Party Committees -----			11(b)
(c) Other Political Committees (such as PACs) -----			11(c)
(d) The Candidate -----			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii), (b), (c) and (d)) -----	59,455.00	59,455.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----			13(a)
(b) All Other Loans -----			13(b)
(c) TOTAL LOANS (add 13(a) and (b)) -----			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----			14
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	59,455.00	59,455.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----	17,253.17	20,143.92	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----			19(a)
(b) Of All Other Loans -----			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----			20(a)
(b) Political Party Committees -----			20(b)
(c) Other Political Committees (such as PACs) -----			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----			20(d)
21. OTHER DISBURSEMENTS -----	2,890.75		21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	20,143.92	20,143.92	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	-0-	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	59,455.00	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	59,455.00	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	20,143.92	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	39,311.08	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 38
FOR LINE NUMBER: 1163

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 commerce purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>BLANK</i>			<i>-0-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code <i>ALLE, JAMES ALLEE LUMBER COMPA P.O. BOX 567 Mattoon IL 61938</i>	<i>SELF</i>	<i>12/17/99</i>	<i>200.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>OWNER</i>	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code <i>ALTA PAC 1050-31ST STREET, NW Washington DC 20007</i>	<i>PAC</i>	<i>12/02/99</i>	<i>5,000.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code <i>APPLEBY, GARY & MAR 325 E. COUNTY RD. 800N Tuscola IL 61953</i>		<i>12/31/99</i>	<i>100.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code <i>ATKINS, VINCENT P. 3208 VALLEY BROOK DR Champaign IL 61821</i>		<i>12/13/99</i>	<i>100.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code <i>Attorneys Title Guaranty Fund 2408 Windsor Place P.O. Box 9136 Champaign IL 61826-9136</i>	<i>ATTORNEYS</i>	<i>12/17/99</i>	<i>500.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>TITLE WORK</i>	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code <i>BACCHUS, CHARLES & DE 501 N TAMULA Mahomet IL 61853</i>		<i>10/12/99</i>	<i>50.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 38
FOR LINE NUMBER 1180

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BACON & VANBUSKIRK 801 S. NEIL ST. Champaign IL 61824	BACON & VAN BUSKIRK Occupation: GLASS REPLACEMENT	12/31/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BAKER, REV. RONALD 1103 N. GREGORY ST. Champaign IL 61820		12/29/99	10.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BAKER, JOHN & NANCY 423 S. CLINTON ST. Clinton IL 61727		12/31/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BAUER, LINDA 709 E. SCOVILL Urbana IL 61801		12/13/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BAZZANI, DONNA 901 GALEN DRIVE Champaign IL 61821		12/02/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BEARDON, BOBIE 1108 S. NEW Champaign IL 61820		12/12/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BERMAN, WAYNE L. 4900 LOUGHBORO ROAD Washington DC 20016		12/14/99	400.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **38**
FOR LINE NUMBER **(18)**

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 TIA JOHNSON

A. Full Name, Mailing Address and ZIP Code BIANCO, DR., RICHARD P 2401 HIGH MEADOW LN. Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/27/99</i>	Amount of Each Receipt this Period <i>100.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code BLACK, RONALD E. 1801 C LAKESIDE DRIVE Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/18/99</i>	Amount of Each Receipt this Period <i>10.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code BLOOMFIELD, M.D., DAN 2403 LYNDBURST DR. Champaign IL 61820	Name of Employer <i>PROVENA COVENANT HOSPITAL</i> Occupation <i>DOCTOR</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>10/28/99</i>	Amount of Each Receipt this Period <i>1,000.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code BOOKY, KEVIN 21 ROWENA DRIVE Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/21/99</i>	Amount of Each Receipt this Period <i>25.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code BRADFORD, JUDY R. <i>SNYDER, JACK</i> <i>202 NORTH PROSPECT</i> <i>BLOOMINGTON, IL 61701</i>	Name of Employer <i>SELF</i> Occupation <i>R.E. DEVELOPER</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/22/99</i>	Amount of Each Receipt this Period <i>1,000.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code BRAY, ALVIN A. 606 W. ILLINOIS Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/08/99</i>	Amount of Each Receipt this Period <i>50.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code BROWNFIELD, MARK 2415 BROWNFIELD ROA Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/16/99</i>	Amount of Each Receipt this Period <i>100.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 138
FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUNO, THOMAS A. 1109 W. PARK AVE. Champaign IL 61821	SELF	12/03/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUSBOOM, LES & SHEIL 506 E. MAIN Royal IL 61871		12/4/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CALVERT, ALEX A. 201 S. CENTER Clinton IL 61727	FUNERAL HOME	12/17/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR-OWNER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMPBELL, JR., BOBIE J. 2705 CAMPBELL DR. Champaign IL 61821	SELF	12/11/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMPION BARROW OF I 1942A COUNTY ROAD O Mahomet IL 61853		12/23/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARBARY, JANET L 3104 COUNTRYBEND LA Champaign IL 61821	SELF	12/02/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SOFTWARE CONSULTANT	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CENTRAL ILLINOIS ORTHOPEDIC 1505 EASTLAND DR. SUI Bloomington IL 61701	SELF	12/15/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DOCTOR	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 38
FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLEM, HARRY E. P.O. BOX 25 Urbana IL 61803 <i>DUPLICATE</i>		✓	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code CLARK, FOREST & JOAN 516 N. FAIR Champaign IL 61821	Name of Employer	12/31/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code CLARK, STUART & BARB 804 N. ELM Champaign IL 61820	Name of Employer	12/31/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code COFFEY, JOHN & MARY 3108 WISTERIA LN. Bloomington IL 61704	Name of Employer	12/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code CLEM, HARRY P.O. BOX 25 Urbana IL 61803	Name of Employer	12/31/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code COLLINS, CARL 2625 E. US HWY 36 Newman IL 61942	Name of Employer	12/18/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code COLLINS, CHARLES & D 503 MCGEE RD. Urbana IL 61802	Name of Employer	12/10/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **38**
FOR LINE NUMBER **11(a)**

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONGLETON, EDWARD 824 W. MAPLE STREET Champaign IL 61820		12/07/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code COPELAND-CHIAPPINEL 2500 GALEN DRIVE Champaign IL 61821	COPELAND - CHIAPPINEL	12/08/99	300.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTISTS	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code COPELAND, CHRISTOPH 1308 N. ROMTNE Urbana IL 61801	COPELAND - CHIAPPINEL	12/13/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code CORLEY BUSINESS ACC 1617 BROADMOOR Champaign IL 61821		12/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code CREUTZBURG, EARL 2302 BROOKENS CIR. Urbana IL 61801		12/31/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code DOWNS, DAN 224 PINE DRIVE Arcola IL 61910		12/17/99	10.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code COZAD, GREG 2912 ROBESON PARK DR Champaign IL 61820	COZAD ASSET MANAGEMENT	11/29/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 138
FOR LINE NUMBER 71(a)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRAMER, MARY JANE 2708 ALTON DRIVE Champaign IL 61821		11/24/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code DAUTZENBERG, DENNIS 404 E. FLORIDA Urbana IL 61801		12/04/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code DAVIS, HERVEY & SHAR R.R. 1, BOX 107 Kenney IL 61749		10/13/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code DEPEW, FRED 1902 SUMMIT Urbana IL 61802		11/26/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code DERBY II, RUSSEL O. 1012 LINCOLNSHIRE DRI Champaign IL 61820		12/06/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code DESSEN, EDWARD H. 2502 N. CLUNNINGHAM A Urbana IL 61801		12/27/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code KRIZAN, TOM & LOIS 2013 W. VINE ST. Urbana IL 61801		12/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 38
FOR LINE NUMBER 11(A)

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

NAME OF COMMITTEE (in Full)

FRIENDS OF TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOBSON, ELIZABETH J. 502 W. MAIN STREET #22 Urbana IL 61801		12/04/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOBSON, JOHN & LUCIL 703 W. HEALEY Champaign IL 61820		12/28/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOLLINS, PAUL 906 SHURTS DRIVE Urbana IL 61801		11/27/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOMBROWSKI, JOHN 2300 VALLEY BROOK DR Champaign IL 61821		12/13/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOOLEY, LEE ANNE 1113 W. HILL Urbana IL 61801		12/03/99	10.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DORSETT, RICHARD L. 405 S. BROADWAY Newman IL 61942		12/19/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DORSEY, PATRICK & TE 1918 MAYNARD DR. CHAMPAIGN IL 61822	P.K. DEMARS	12/30/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROGRAM MANAGER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 123
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRAKE, STUART B. 50 WOODLAND DRIVE Farmer City IL 61842	FARMER CITY STATE BANK Occupation: BANKER	12/07/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code DUCHOSSOIS INDUSTRI 845 LARCH AVENUE Elmhurst IL 60126	PAE Occupation:	11/09/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code DUE, LOUIS & MARY 3105 CLAYTON ROAD Champaign IL 61821	Occupation:	12/30/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code DUGAN, KENNETH N. 141 COUNTY ROAD 900 E Pesotum IL 61863	Occupation:	12/06/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code LUKEMAN, JOHN A. 129 E. LINCOLN Arthur IL 61911	Occupation:	12/19/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code DUNN, B. A. 10 CARRIAGE WAY Champaign IL 61821	Occupation:	12/17/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code EASTIN, RICHARD R. 2280 E. COUNTY ROAD 6 Oakland IL 61943	Occupation:	12/17/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 13
FOR LINE NUMBER 11(2)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EICHELBERGER, PAUL & 3110 MEADOWBROOK D CHAMPAIGN IL 61822		12/13/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLIOTT, EARL K. 326 MARY ALICE ROAD Rantoul IL 61866		12/07/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERKENBECK, MARJORIE 209 E. CRAWFORD ST. Paris IL 61944		12/22/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ESWORTHY, JAMES A. 19561 VERMILION WEST Ogden IL 61859	SELF	10/07/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FARMER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARDS, J. ANDREW 304 W. PENNSYLVANIA Urbana IL 61801		12/20/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FACER, MR & MRS C.E. 2809 SLAYBACK RD. Urbana IL 61802		12/29/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAIRFIELD, MARY 2 ELMWOOD Fisher IL 61843		11/24/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 38
FOR LINE NUMBER: 116

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
FAULKNER, EDWARD ELITE DINER 210 E. ELM Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		12/29/99	100.-
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code FENTEM, ERNEST E. 1057 BRIARCLIFF Rantoul IL 61866 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/30/99	25.-
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code FINCHAM'S CLEANING 1907 GALENA Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		12/08/99	25.-
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code FINCHAM, LOUIS & FRA 505 E. HOLMES Urbana IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		12/28/99	25.-
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code FITZJARRALD EVERETT 620 S. SPRUCE Arthur IL 61911 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		12/29/99	50.-
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code FLETCHER, JAMES L. 222 N. LASALLE, STE. 300 Chicago IL 60601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY	10/25/99	1,000.-
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code FLYNN, LEONARD T. 53 GREENCROFT DR. Champaign IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY	12/02/99	500.-
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 38

FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOSTER, GREGORY F. 310 YANKEE RIDGE LAN Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/05/99	25.-
B. Full Name, Mailing Address and ZIP Code FRALBY, D.V.M., K.W. 316 W. MADISON Chrisman IL 61924 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation	12/31/99	50.-
C. Full Name, Mailing Address and ZIP Code FRANK, STEPHEN F. 129 W. MAIN Urbana IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JOHNSON, FRANK, FREDRICK ET AL. Occupation ATTORNEY	12/06/99	100.-
D. Full Name, Mailing Address and ZIP Code FROMM, WILLIAM W. 1402 WAVERLY DRIVE Champaign IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	12/01/99	50.-
E. Full Name, Mailing Address and ZIP Code FURTFNEY, SHIRLEY D. 1712 S. DUNCAN RD. CHAMPAIGN IL 61822 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	12/13/99	100.-
F. Full Name, Mailing Address and ZIP Code GARRISON, GARY 403 EVERGREEN DR. Saint Joseph IL 61873 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	12/11/99	25.-
G. Full Name, Mailing Address and ZIP Code GAZZOLI, III, NICK J. 201 E. SCOTT Tuscola IL 61953 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	12/30/99	50.-

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 38
FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIERTZ, J. FRED 601 PARK LANE Champaign IL 61820		11/29/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILHAUS, ROBERT 607 W. FOURTH Urbana IL 61849		11/23/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOLDBERG, LIBBY 100 E. MC HENRY Urbana IL 61801		11/26/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON, JEAN & LESLI 103 W. MICHIGAN AVE. Urbana IL 61801		12/11/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON, MAURICE & R 1421 COUNTY RD. 2900, Rantoul IL 61866		10/11/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREENWOLD, DOROTHY 2502 MELROSE DRIVE Champaign IL 61820		12/04/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRINOLS, EARL L. 1104 GALEN DRIVE Champaign IL 61821		10/08/99	190.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 38
FOR LINE NUMB: 116

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

<p>A. Full Name, Mailing Address and ZIP Code GRUBMAN, DR. JOHN J. 501 W. CHURCH ST. Champaign IL 61820</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>SELF</i></p> <p>Occupation <i>DOCTOR</i></p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>12/29/99</i></p>	<p>Amount of Each Receipt this Period <i>200.-</i></p>
<p>B. Full Name, Mailing Address and ZIP Code HAGLE, THOMAS W. 3831 BLANCHAN AVE. Brookfield IL 60513</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>OFFICE ASST LYONS TWP. HIGH</i></p> <p>Occupation <i>OFFICE ASST.</i></p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>11/04/99</i></p>	<p>Amount of Each Receipt this Period <i>250.-</i></p>
<p>C. Full Name, Mailing Address and ZIP Code HALLBECK, DANIEL & K. 1801 COBBLEFIELD CT. Champaign IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>HALLBECK HOMES</i></p> <p>Occupation <i>DEVELOPER</i></p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>12/31/99</i></p>	<p>Amount of Each Receipt this Period <i>250.-</i></p>
<p>D. Full Name, Mailing Address and ZIP Code HAMILTON, RALPH S. 393 HIGHLAND DRIVE Rantoul IL 61866</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>11/24/99</i></p>	<p>Amount of Each Receipt this Period <i>100.-</i></p>
<p>E. Full Name, Mailing Address and ZIP Code HAGLE, JAMES J. 713 S. ELM BLVD Champaign IL 61820</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>JOHNSON, FRANK FREDRICK</i></p> <p>Occupation <i>ATTORNEY</i></p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>11/22/99</i></p>	<p>Amount of Each Receipt this Period <i>1,000.-</i></p>
<p>F. Full Name, Mailing Address and ZIP Code HANG, DANIEL F. 2012 BOUDREAU DRIVE Urbana IL 61801</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>RETIRED</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>12/05/99</i></p>	<p>Amount of Each Receipt this Period <i>200.-</i></p>
<p>G. Full Name, Mailing Address and ZIP Code HANNON, BRUCE M. 1208 W. UNION Champaign IL 61821</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) <i>11/23/99</i></p>	<p>Amount of Each Receipt this Period <i>100.-</i></p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 38
FOR LINE NUMBER 116

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELMUTH, CAROLYN 506 E. COUNTY ROAD 30 Arcola IL 61910	OKAW CORPORATION	12/23/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>SECRETARY</i>	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELMUTH, FRED & CAR 506 E. CR 300 N. Arcola IL 61910	OKAW CORPORATION	12/23/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>OWNER</i>	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HANOKA, DR. J.P. 206 N. RANDOLPH ST., ST Champaign IL 61820		12/10/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARING, RONALD 1811 WINCHESTER Champaign IL 61821		11/16/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEBBISEN, KEITH & JOD 2828 WOODMERE CT. Northbrook IL 60062	ELMERFORD LAW OFFICES	12/27/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>ATTORNEY</i>	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HECKER, JOHN Z 202 S. MCKINLEY Champaign IL 61821	STIPES PUBLISHING	12/06/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>OWNER</i>	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELMUTH, J.B. P.O. BOX 314 Arcola IL 61910	JBH COMPANY	12/22/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>OWNER</i>	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 58
FOR LINE NUMBER 1189

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

NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HESSE, MURJEL J. 1502 S. VINE STREET Urbana IL 61801		12/02/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HINESLY, T. CHRISTOPH 2916 ROBESON PARK DR CHAMPAIGN IL 61822		12/19/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HINESLY, THOMAS D. 2302 S. STALEY ROAD CHAMPAIGN IL 61822		12/07/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOLLAND, STEVEN 607 W. MATHEWS, RM 10 Urbana IL 61801		12/09/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOMAN, JR, ORVILLE E. 2316 FIELDS SOUTH DR Champaign IL 61821		12/04/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOWCE, BOB & MARY		12/31/99	5.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HUNT, JOAN 104 W. VERMONT Urbana IL 61801		12/04/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 28
FOR LINE NUMBER: 1182

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HYNDS JR, E.J. 609 S. JAMES STREET Champaign IL 61821		11/28/98	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code IDEUS, ALFRED 2124 COUNTY ROAD 2400 Saint Joseph IL 61873		11/23/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code IRLE, JOSEPH L. 1373 COUNTY ROAD 2500 Thomasboro IL 61878		12/07/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code JAMES, ROGER & H., MA 1507 NORTHSORE DR. Mahomet IL 61853		10/19/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code JOHNSON, THOMAS & L 405 SUNNYCREST CT., W Urbana IL 61801		10/08/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code JONES JR, JAMES H. 806 COUNTY ROAD 2400 CHAMPAIGN IL 61822		11/18/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code JONES, THOMAS L. 1205 THEODORE DRIVE Champaign IL 61821		12/08/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 38
FOR LINE NUMBER 1162

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS OF TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KAMERER, RICHARD F. 107 W. FILMORE Philo IL 61864		12/26/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEELING FAMILY LTD. P 1009 W. PARK Champaign IL 61820		12/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KELLY, ANITA & JAMES 2408 JOHN DR. Urbana IL 61802		10/07/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEPNER, P. LESLIE 109 COUNTRY CLUB CO Danville IL 61832		12/20/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KESLER, KEITH 2195 COUNTY ROAD 1900 Urbana IL 61801		12/24/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KINDT, JOHN WARREN 801 N. BROOKSIDE LANE Mahomet IL 61853		10/07/99	140.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KIRBY, MR & MRS EMM 710 S. PRAIRIE ST. Champaign IL 61820		12/22/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 38
FOR LINE NUMB: 11(e)

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 comm: purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code KLEINER, CAROLYN W. 15164 SHORT RD. Danville IL 61832	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/29/99	Amount of Each Receipt this Per: 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code KOBEL, PEGGY E. 7 DUNLAP WOODS Sidney IL 61877	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/30/99	Amount of Each Receipt this Per: 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code KOECK, DORIS SPECIAL ACCOUNT Sidney IL 61877	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/27/99	Amount of Each Receipt this Per: 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code KRISMAN, DAVID A. 1218 COUNTY ROAD 2350 Saint Joseph IL 61873	Name of Employer SPADNER, SMITH & Co. Occupation SALESMAN Aggregate Year-to-Date > \$	Date (month, day, year) 12/02/99	Amount of Each Receipt this Per: 250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code KUCERA, EMIL & RUTH 2304 N. 3RD CHAMPAIGN IL 61822	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/22/99	Amount of Each Receipt this Per: 20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code KUHLE, DAVE & BARB 101 GREENCROFT DR. Champaign IL 61821	Name of Employer BUSEY BANK Occupation BANKER Aggregate Year-to-Date > \$	Date (month, day, year) 12/22/99	Amount of Each Receipt this Per: 500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code LAKE, WILLIAM J. 604 W. DIANNE LN. Mahomet IL 61853	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/31/99	Amount of Each Receipt this Per: 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 20 OF 38

FOR LINE NUMBER 11(2)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code CARSON, BRUCE L. 506 E. PENNSYLVANIA A Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/01/99</i>	Amount of Each Receipt This Period <i>25.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code LAW, RUSSELL S. 1410B E. FORD HARRIS R Urbana IL 61802	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/06/99</i>	Amount of Each Receipt This Period <i>25.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code LEMONS, DAVID L. 2110 S. VINE Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/27/99</i>	Amount of Each Receipt This Period <i>30.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code LEACH, BERT 104 GREENCROFT Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/21/99</i>	Amount of Each Receipt This Period <i>100.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code LEBENSON MD, IRA 307 W. INDIANA Urbana IL 61801	Name of Employer <i>PROVENA COVENANT</i> Occupation <i>DOCTOR</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/18/99</i>	Amount of Each Receipt This Period <i>250.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code LEON, JOHN A. 112 N. OAK, PO BOX 200 Villa Grove IL 61956	Name of Employer <i>SELF</i> Occupation <i>OPTOMETRIST</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/26/99</i>	Amount of Each Receipt This Period <i>200.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code LEWIS, DENNIS E. 305 SHAMROCK DRIVE Philo IL 61864	Name of Employer <i>SELF</i> Occupation <i>INSURANCE</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/10/99</i>	Amount of Each Receipt This Period <i>200.-</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 21 OF 38

FOR LINE NUMBER: 11(R)

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code LIBMAN, WILLIAM 818 DODDS DRIVE Champaign IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>LIBMAN Broom</i> Occupation <i>OWNER</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/28/99</i>	Amount of Each Receipt this Period <i>500.-</i>
B. Full Name, Mailing Address and ZIP Code THE LIMITED, L INC. TWO LIMITED PARKWA Columbus OH 43230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>PAC</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/09/99</i>	Amount of Each Receipt this Period <i>1,000.-</i>
C. Full Name, Mailing Address and ZIP Code LORD, D.D.S., RICHARD 701 DEVONSHIRE DR. Champaign IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/31/99</i>	Amount of Each Receipt this Period <i>100.-</i>
D. Full Name, Mailing Address and ZIP Code MAY, EMMA JANE 1402 S. NEIL Champaign IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/10/99</i>	Amount of Each Receipt this Period <i>50.-</i>
E. Full Name, Mailing Address and ZIP Code MADIGAN, PHILLIP P. 70 COUNTY RD. 1750 E. Villa Grove IL 61956 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/14/99</i>	Amount of Each Receipt this Period <i>50.-</i>
F. Full Name, Mailing Address and ZIP Code MAGINN, P.F. 1017 HARRINGTON DRIV Champaign IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/24/99</i>	Amount of Each Receipt this Period <i>100.-</i>
G. Full Name, Mailing Address and ZIP Code MAHER, FRANCESCA & 1108 FAIR OAKS Oak Park IL 60302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>CABLE TELEVISION</i> Occupation <i>PRESIDENT</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/14/99</i>	Amount of Each Receipt this Period <i>500.-</i>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 22 OF 38
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

A. Full Name, Mailing Address and ZIP Code MALONEY, JOHN E. ATTORNEY AT LAW 135 WEST MAIN STREET Urbana IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MALONEY & DAVIS Occupation ATTORNEY Aggregate Year-to-Date > \$ 5	Date (month, day, year) 10/10/99	Amount of Each Receipt This Period 250.-
B. Full Name, Mailing Address and ZIP Code MANNON, KAREN P.O. BOX 263 Pesotum IL 61863 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/25/99	Amount of Each Receipt This Period 25.-
C. Full Name, Mailing Address and ZIP Code MARKLAND, JEFFREY T. 1101 E. OREGON Urbana IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/03/99	Amount of Each Receipt This Period 100.-
D. Full Name, Mailing Address and ZIP Code MARTIN, GORDON E. 109 W. PENNSYLVANIA Urbana IL 61801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/26/99	Amount of Each Receipt This Period 100.-
E. Full Name, Mailing Address and ZIP Code MAXWELL, F. DICK & JA P.O. BOX 234 Farmer City IL 61842 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5	Date (month, day, year) 12/31/99	Amount of Each Receipt This Period 20.-
F. Full Name, Mailing Address and ZIP Code MCCALL, D.M.D., ALLEN 507 S. 2ND ST., STE. 202 Champaign IL 61820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5	Date (month, day, year) 12/30/99	Amount of Each Receipt This Period 50.-
G. Full Name, Mailing Address and ZIP Code MCLELLAN, CARLOS 702 DODSON DRIVE W Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5	Date (month, day, year) 12/06/99	Amount of Each Receipt This Period 50.-

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 23 OF 38
FOR LINE NUMBER 11(A)

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MC GAVRAN, R.D. 606 EVERGREEN COURT Urbana IL 61801		12/01/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code McGEE, KIM RT. 1 BOX 167 Newman IL 61942		12/17/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code McGREW, SAMUEL 39 S. PICKETT DRIVE Fisher IL 61843		12/14/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code MEACHAM, STUART T. 2814 ROBESON PARK DR Champaign IL 61821	Name of Employer COZAS ASSET MANAGEMENT	Date (month, day, year) 11/29/99	Amount of Each Receipt this Period 1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code MEINERS, LAVERNE P.O. BOX 126 Anchor IL 61720		12/21/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code MENNENGA, ERNA M. 200 SHELLY DRIVE Thomasboro IL 61878		12/01/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code MBYER, JR., AUGUST C. 509 S. NEIL ST. Champaign IL 61820	Name of Employer SELF	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period 1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 24 OF 38

FOR LINE NUMBER: 112

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)			
FRIENDS of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code MILLS, DOUGLAS C. 201 W. MAIN ST. Urbana IL 61803	Name of Employer FIRST BUSBY CORPORATION Occupation BANKER	Date (month, day, year) 12/17/99	Amount of Each Receipt This Period 500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code MILLER, JAN & KAREN 1008 S. GARFIELD Urbana IL 61801	Name of Employer Occupation	Date (month, day, year) 10/08/99	Amount of Each Receipt This Period 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code MILLER, KAREN K. 2708 PERKINS RD. Urbana IL 61801	Name of Employer Occupation	Date (month, day, year) 12/22/99	Amount of Each Receipt This Period 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code MILLER, MARC 4012 GOLF CREEK DRIVE Champaign IL 61821	Name of Employer Occupation	Date (month, day, year) 12/08/99	Amount of Each Receipt This Period 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code MILLER, MICHELE H. 804 W. PENNSYLVANIA Urbana IL 61801	Name of Employer Occupation	Date (month, day, year) 10/08/99	Amount of Each Receipt This Period 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code MIZRAHI, CAROL 1606 S. STALEY ROAD CHAMPAIGN IL 61822	Name of Employer Occupation	Date (month, day, year) 12/09/99	Amount of Each Receipt This Period 150.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code MONEN JR, GEORGE W. 812 W. GREEN STREET Champaign IL 61820	Name of Employer Occupation	Date (month, day, year) 11/20/99	Amount of Each Receipt This Period 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 25 OF 38
FOR LINE NUMBER 119

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
MOSS, RAY RR2 BOX 47 Clinton IL 61727		11/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code MOTLEY, DANA T. 1706 W. GREEN STREET Champaign IL 61821		12/06/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code MURPHY, MARK 2001 ROBERT STREET Champaign IL 61821		12/06/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code NALLY, TRACIE 2612 VALKAR LANE Champaign IL 61821		12/08/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code NARMONT, JOHN S. 1010 IRIS DRIVE Auburn IL 62615	SELF	11/30/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code NEUMAN, ISAAC 2507 CHERRY HILLS DRI CHAMPAIGN IL 61822		11/26/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code NEUMAN, A. MARK 2507 CHERRY HILLS DRI CHAMPAIGN IL 61822	LTD PAC	12/05/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGEMENT	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 26 OF 38

FOR LINE NUMB: 11001

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code OHNSTAD, DENNIS R. P.O. BOX 312 Urbana IL 61801	Name of Employer RILEY HOMES Occupation PRESIDENT Aggregate Year-to-Date > \$	Date (month, day, year) 11/28/99	Amount of Each Receipt this Period 1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code O'NEILL, LEE & JANE 827 COUNTY RD. 1500E Tolono IL 61880	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/31/99	Amount of Each Receipt this Period 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code PACEY, WILLIAM 312 S. CHERRY STREET P.O. BOX 35 Paxton IL 60957	Name of Employer PACEY & PACEY Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 11/22/99	Amount of Each Receipt this Period 200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code PAINE, GLEN & JACQUE 1729 GEORGETOWN DR. Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/06/99	Amount of Each Receipt this Period 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code PARKER, M.D., ROBERT 3212 VALLEYBROOK DR. CHAMPAIGN IL 61822	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/29/99	Amount of Each Receipt this Period 150.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code PAULSON, AUDREY K. 301 W WHITE Champaign IL 61820	Name of Employer AREA WIDE REPORTING Occupation OWNER Aggregate Year-to-Date > \$	Date (month, day, year) 11/22/99	Amount of Each Receipt this Period 200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code PENSONEAU, TAYLOR 427 LEXINGTON COURT New Berlin IL 62670	Name of Employer ILLINOIS COAL ASS'N Occupation MANAGEMENT Aggregate Year-to-Date > \$	Date (month, day, year) 11/17/99	Amount of Each Receipt this Period 200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 27 OF 38
FOR LINE NUMBER: 11(a)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PFLUM, WILBUR & BLAN 104 E VAN ALLEN Tuscola IL 61953	RETIRED	12/31/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILLIPPE, DAVID P 918 W. PARK AVE. Champaign IL 61821		12/15/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PIRTLE, J.W. 1205 CARVER DR. Champaign IL 61820		12/29/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POWELL MD, J. ROGER 10 GREENCROFT Champaign IL 61821		11/20/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRICKETT, THOMAS A. 513 EAST G. H. BAKER D Urbana IL 61801	SELF	12/31/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTING	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PUCKETT, HOYLE B. 407 W. UNIVERSITY AVE. Champaign IL 61820		11/29/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
QUERRY, HARRY R 1928 COUNTRY ROAD 16 Urbana IL 61802		12/06/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 28 OF 38
FOR LINE NUMBER 11(A)

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
QUICK, ELDON 308 HIGHLAND DRIVE Rantoul IL 61866		12/01/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code RANDALL, GENE 306 S. NEIL STREET Champaign IL 61820		11/22/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code RASMUS, JOHN W. 1501 LOCUST AVE Rantoul IL 61866		12/01/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code RAY'S HEATING & AIR C 806 E. MAIN STREET Urbana IL 61801		12/03/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code RECTOR, JON W. 4302 SUMMER FIELD RD CHAMPAIGN IL 61822		11/29/99	15.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code RICE, ROBERT B. P.O. BOX 448 Philo IL 61864		11/19/99	140.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code RICE, DAVID TUSCOLA PROFESSIONAL P.O. BOX 476 Tuscola IL 61953	Name of Employer: SELF Occupation: OWNER	12/14/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 29 OF 38
FOR LINE NUMBER 11(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of eliciting contributions or for commo 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 JOHANSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERSON, ROGER 1112 COUNTRY LANE Champaign IL 61821	ROBERSON ENTERPRISES	12/10/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OFFICER	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBESON, KYLE 1501 INTERSTATE DRIVE CHAMPAIGN IL 61822	SELF	12/08/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTOR - DEVELOPER	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROHRSCHIEB, SIDNEY & R.R. 2, BOX 259R Clinton IL 61727	SELF	12/29/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DOCTOR	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUND, TED TUSCOLA PROFESSIONA P.O. BOX 476 Tuscola IL 61953	RETIRED	12/29/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROSENBERGER, RUSSEL 504 EVERGREEN CT., E. Urbana IL 61801		12/31/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DERRY II, RUSSEL O. 1012 LINCOLNSHIRE DR Champaign IL 61820		X	25.- -0-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUTAN, CHARLES & JUD 3306 SUMMERVIEW LAN Champaign IL 61821		12/15/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 30 OF 38
FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (in Full)

FRIENDS OF TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAVVAS, M.D., GEORGE 212 W. SPRINGFIELD AV Champaign IL 61820	SELF	10/18/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SANDERS, JOE 215 E. 11TH ST. Georgetown IL 61846		10/23/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SALMON, GENE & MARI 2410 BROWNFIELD RD. Urbana IL 61802	CRUES CONSTRUCTION, INC	12/27/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SCHARLAU, II, EDWIN A. Urbana IL 61801	BUSEY BANK	12/30/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SCHILDT, HERBERT & S 398 COUNTY ROAD 2500 Mahomet IL 61853	SELF	1/18/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AUTHOR	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SCHWEIGHART, RODNE 302 SIAMROCK Philo IL 61864		12/09/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SEIBRING, ROLLIE T. 584 N. 1600 EAST ROAD Paxton IL 60957		11/15/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 31 OF 38
FOR LINE NUMBER 116

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

NAME OF COMMITTEE (In Full)
FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SELLERS, THOMAS M. 1081 ENGLEWOOD Rantoul IL 61866		12/09/99	10.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SENN, A. RALPH P.O. BOX 6566 Champaign IL 61826		11/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHANNON, MICHAEL E. 2802 MYRA RIDGE DRIV Urbana IL 61802		12/22/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHERROD, JOHN P. 1608 CORNELL DRIVE Champaign IL 61821		12/01/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SILKWOOD, LARRY R. 905 W. CLARK ST. Champaign IL 61821		12/29/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SKELTON, VIRGINIA K. 29 GREENCROFT Champaign IL 61821		11/29/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CITIZENS, FOR STEIGMANN P.O. BOX 1033 Urbana IL 61803	APPELLATE JUDGE STATE of ILLINOIS	11/24/99	750.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JUDGE	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Incl page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 32 OF 38
FOR LINE NUMBER 11(2)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STERMAN REALTY 66-250 KAM. HWY., #D10 Haleiwa HI 96712		12/21/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STEWART, D SCOTT 409 E. OAKBROOK CIRCL Urbana IL 61802		12/03/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STOLKIN, MARK D. ROGERS CHEVROLET RANTON IL 61866	ROGERS CHEVROLET PERSONAL BUICK	12/06/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEALER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHURTS, RUTH V. 507 W. GREEN Urbana IL 61801	HUMEMAKER	11/23/99	300.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SPAIN FAMILY LIVING T		11/08/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STOUT, BUD R 2009 BURWELL ST. Urbana IL 61802-7643		12/11/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SUGGS, EUGENE & HEST 2105 ROBERT Champaign IL 61821		12/28/99 12/28/99	50.- 50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 33 OF 38
FOR LINE NUMBER 116

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SULLIVAN, MAURICE D. Champaign IL 61821		12/29/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUNKEL, EUGENE E. RR1 BOX 77A Paris IL 61944		12/20/99	50.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAYLOR, MAURICE R. 103 McHENRY STREET Urbana IL 61801		12/08/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEATER, NORMA JEAN 1417 YOUUMAN DRIVE Rantoul IL 61866		11/24/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERSTRIEP, MICHAEL & 904 WOODVIEW CT. Mahomet IL 61853		12/14/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOMARAS, PETER T. 5 ETON COURT Champaign IL 61820		12/13/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRACY, LOUIS E. 903 S. MAIN STREET Homer IL 61849		11/27/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 34 OF 58

FOR LINE NUMBER: 1182

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code TRACY, PETER W. 2018 BENTBROOK DR. Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/04/99	Amount of Each Receipt This Period 100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/30/99	Amount of Each Receipt This Period 250.-
B. Full Name, Mailing Address and ZIP Code TYLER, ARTHUR L. 1007 N. OAKWOOD DRIV Mahomet IL 61853	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/23/99	Amount of Each Receipt This Period 100.-
C. Full Name, Mailing Address and ZIP Code TYLER, STEVEN J. 2204 MISTY MEADOW PL CHAMPAIGN IL 61822	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/15/99	Amount of Each Receipt This Period 500.-
D. Full Name, Mailing Address and ZIP Code VENABLE, ROBERT H. 1912 KENNETH STREET Urbana IL 61802	Name of Employer SCANTON COLOR SYSTEM Occupation OWNER Aggregate Year-to-Date > \$	Date (month, day, year) 12/07/99	Amount of Each Receipt This Period 50.-
E. Full Name, Mailing Address and ZIP Code VOIGTLANDER, BETTY 802 W. PENNSYLVANIA Urbana IL 61801	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/06/99	Amount of Each Receipt This Period 50.-
F. Full Name, Mailing Address and ZIP Code WALKER, SYLVIA R. 64 GREENCROFT DRIVE Champaign IL 61821	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/30/99	Amount of Each Receipt This Period 100.-
G. Full Name, Mailing Address and ZIP Code WANDELL, DENNIS 1167 COUNTY ROAD 2400 Saint Joseph IL 61873	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 35 OF 38
FOR LINE NUMBER: 116

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

NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WATSON, FRANK CITIZENS FOR WATSON P.O. BOX 504 Greenville	SENATOR STATE of ILLINOIS Occupation LAW MAKER	12/23/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code WATSON, JEFF 198 COUNTY ROAD 1700 Villa Grove IL 61936	Name of Employer SELF Occupation FARMER	12/05/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code WAMPLER, JEFFERY B. 1102 S. PROSPECT Champaign IL 61820	Name of Employer ERWIN, MARTINUS & COLE P.C. Occupation ATTORNEY	12/01/99	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code WALSH, DANIEL J. 2067 COUNTY ROAD 1250 Saint Joseph IL 61873	Name of Employer JOHNSON, FRANK, FREDALON ET AL Occupation ATTORNEY	12/14/99 12/06/99	500.- 500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code WANDELL, J.A. 305 S. DUNCAN Champaign IL 61820	Name of Employer PAULRE GARDENS, INC. Occupation OWNER	12/24/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code WATSON, REIDER 1702 COUNTY ROAD 200 Villa Grove IL 61936	Name of Employer SELF Occupation FARMER	10/31/99	400.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code WATTS, ROBERT A. 1009 W. UNIVERSITY Champaign IL 61821	Name of Employer STIPES PUBLISHING INC. Occupation OWNER	12/04/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 36 OF 38
FOR LINE NUMBER 11(R)

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

NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WEBER, WAYNE & VIRGI 1403 WAVERLY DR. Champaign IL 61821	WURDEN, MARTIN INC OFFICER	12/29/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WEISIGER, GENE D. P.O. BOX 301 Urbana IL 61801	RETIRED	11/15/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WEISIGER, JAMES G. 31 MONTCLAIR ROAD Urbana IL 61801	SELF REAL ESTATE BROKER	11/15/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WELCH, L.F. & MARILYN 2201 VAWTER Urbana IL 61801		12/31/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WENDLING, CHARLES L. 437 COUNTY ROAD 2200 Broadlands IL 61816	T.K. WENDL'S OWNER	11/20/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WENDLING PENNY L. 437 COUNTY ROAD 2200 Broadlands IL 61816	T.K. WENDL'S OWNER	11/20/99	500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WERTS, FRED D. 411 W. MAIN STREET Sidney IL 61877		11/26/99	25.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 37 OF 38
FOR LINE NUMB: 11(A)

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAMS, EDWARD & S 305 W. GRANT Monticello IL 61856		12/30/99	100.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WINKELMANN, W.G. & 136 W. MAIN Urbana IL 61801	SELF.	12/31/99	200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SKIPPED X		X	0
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WISE, MURRAY 1604D LYNDIURST DRIV Savoy IL 61874	WEST CHESTER GROUP	11/15/99	1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YAIRI, DANIEL 2183 SANTA CRUZ Sacramento CA 94204		11/18/99	75.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YAIRI, DR., EHUD & JANI 100 E. MCHENRY Urbana IL 61801	UNIVERSITY OF ILLINOIS	10/26/99	75.- 200.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YAXLEY, TOM 1608 W. HARRINGTON Champaign IL 61821		12/31/99	20.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)

FRIENDS OF TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZONFRILLI, ALICEL 400 PHILIPS DRIVE Rantoul IL 61866 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 3	12/06/99	50.-
B. Full Name, Mailing Address and ZIP Code ZWETTLER, ALOIS 219 E. SHERWIN DR. Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 5	12/15/99	100.-
C. Full Name, Mailing Address and ZIP Code ZWETTLER, ERIKA 219 E. SHERWIN DRIVE Urbana IL 61802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	12/16/99	100.- 75.-
D. Full Name, Mailing Address and ZIP Code ZYCH, JR. CHET & CARM 1617 SANGAMON DR. Champaign IL 61821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	12/12/99	10.-
E. Full Name, Mailing Address and ZIP Code X	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period X
F. Full Name, Mailing Address and ZIP Code X	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period X
G. Full Name, Mailing Address and ZIP Code X	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period X

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

59,455.-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (In Full)

FRIENDS OF TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BANK ILLINOIS 100 W. UNIVERSITY AVE CHAMPAIGN, IL 61820	OFFICE CHECKS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/99	13.76
BANK ILLINOIS SAME AS ABOVE	SERVICE CHARGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	9.60
U.S. POSTMASTER 2001 N. MATTHEW CHAMPAIGN, IL 61821	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/99	178.61
BEST BUY 606 W. ANTHONY DRIVE CHAMPAIGN, IL 61820	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/99	24.71
STAR NEWSPAPER 204 E. CHIPPEWA DWIGHT IL 60420	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	14.-
FARMER CITY JOURNAL 221 S. MAIN FARMER CITY 61844	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	13.50
INDEPENDENT NEWS 302 MILL STE 101 GEORGETOWN, IL 61846	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	10.-
MILFORD HERALD NEWS 18 AXEL MILFORD IL 60953	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	13.50
PIATT COUNTY JOURNAL 118 E. WASHINGTON MONTICELLO IL 61854	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/99	14.10

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>DANVILLE COMMERCIAL NEWS 17 W. NORTH DANVILLE IL 61812</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/4/99</i>	<i>104.25</i>
<i>U.S. POSTMASTER SAME AS ABOVE</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/5/99</i>	<i>50.-</i>
<i>BO BOUCK 1768 COUNTY ROAD 1650 N. URBANA, IL 61802</i>	<i>MAILING COSTS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/9/99</i>	<i>150.-</i>
<i>PREMIER TECHNOLOGIES P.O. BOX 14224 NEWARK, NJ 07148-0024</i>	<i>FAX SERVICE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/9/99</i>	<i>42.88</i>
<i>THE DESIGN LINE 1402 E. UNIVERSITY URBANA, IL 61802</i>	<i>SIGNS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>360.-</i>
<i>ARCOLA RECORD HERALD 118 E. MAIN ARCOLA, IL 61910</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>20.-</i>
<i>BLOOMINGTON TWIN CITY COMMUNITY NEWS 202 N. CENTER BLOOMINGTON IL 61701</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/25/99</i>	<i>20.-</i>
<i>HERSCHER PILOT 100 S. MAIN HERSCHER, IL 60941</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>15.-</i>
<i>THE PANTAGRAPH 301 W. WASHINGTON BLOOMINGTON IL 61701</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>92.75</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim Johnson

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>DAILY LEADER 318 N. MAIN PONTIAC IL 61764</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>70.-</i>
<i>TWIN CITY PUBLISHING 308 E. MAIN HOOPERSTON, IL 60942</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>22.50</i>
<i>CLINTON DAILY JOURNAL ROUTE 54 WEST CLINTON IL 61727</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>50.75</i>
<i>THE BLADE 125 W. LOCUST FAIRBURY IL 61739</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>17.-</i>
<i>BAIER PUBLISHING BOX 8 CISSNA PARK, IL 60924</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>11.-</i>
<i>PARIS BEACON NEWS 218 N. MAIN PARIS, IL 61944</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>36.-</i>
<i>SIDELL REPORTER P.O. BOX 475 SIDELL, IL 61876</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>10.50</i>
<i>PROGRESS REPORTER 110 W. RIVER MOMENCE, IL 60954</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>7.50</i>
<i>GILMAN STAR P.O. BOX 7 GILMAN, IL 60938</i>	<i>SUBSCRIPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/29/99</i>	<i>11.04</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (In Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLOOMINGTON NORMAL JAYCEES 903 N. LINDEN NORMAL, IL 61761	PARADE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	15.-
RANTOUL PRESS 1332 E. HARMON RANTOUL, IL 61866	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	15.70
FORD COUNTY PRESS P.O. BOX 195 MELVIN, IL 60952	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	8.-
HAYWORTH STAR 105 S. BUCHANAN HEYWORTH, IL 61745	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	10.-
COUNTY STAR 101 E. HOLLAND TOLONO, IL 61880	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	10.-
FISHER REPORTER 118 S. THIRD FISHER IL 61843	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	6.-
BANK ILLINOIS 100 W. UNIVERSITY AVE CHAMPAIGN IL 61820	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/99	4.06
KINGS 505 S. MATTHEW CHAMPAIGN, IL 61821	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	65.36
JEANNE MURRAY 905 SUNDYCREST DRIVE E. URBANA IL 61801	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	187.95

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (In Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KINKOS SAME AS ABOVE	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	11.67
MENARDS 620 WEST TOWN CENTER BLDG. CHAMPAIGN, IL 61820	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	37.02
BRAD GRAVEN 2648 VILLAGE GREEN, C-1 URBANA, IL 61804	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	49.39
STEVE MURRAY 805 SUNNYCREST DRIVE E. URBANA, IL 61801	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	53.70
PREMIER TECHNOLOGIES P.O. BOX 14024 NEWARK, NJ 07198-0024	FAX SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	74.23
QUILL CORPORATION P.O. BOX 94081 PALATKA, IL 60094-4081	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	49.36
TIMES SPIRIT P.O. BOX 250 WATSEKA IL 60970	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	57.50
DAILY JOURNAL 3 DEARBORN SQUARE KANKAKEE, IL 61764	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	49.-
B & B PUBLISHING Co. 500 BROWN BLVD. BOWEN BOWNS, IL 60914	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	13.-

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in Full)

FRIENDS of Tim JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICHARD STEIGMANN 2410 NOTTINGHAM COURT NORTH CHAMPAIGN, IL 61824	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	53.75
FEDERAL EXPRESS 2007 FEDERAL WAY URBANA, IL 61801	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	12.-
ADVANCE NET, INC. 100 TRADE CENTER, STE 1030 CHAMPAIGN IL 61820	CONTRACTUAL SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	159.-
ILLINOIS POWER P.O. BOX 511 DECATUR, IL 62525	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	128.09
QUILL CORPORATION SAME AS ABOVE	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	72.98
MANTENO NEWS P.O. BOX 429 PEOTONE, IL 60468	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	22.-
NEWS-GAZETTE 15 MAIN ST. CHAMPAIGN, IL 61820	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	40.95
KINKOS SAME AS ABOVE	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	64.98
U.S. POST MASTER SAME AS ABOVE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/99	50.77

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in Full)

FRIENDS of TIM JOHNSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>DELAWARE TIMES 314 LOCUST DELAWARE, IL 61734</i>	<i>SUBSCRIPTION</i>	<i>11/4/99</i>	<i>18.-</i>
<i>U.S. POSTMASTER 2001 N. MATTIS CHAMPAIGN IL 61821</i>	<i>POSTAGE</i>	<i>12/2/99</i>	<i>77.97</i>
<i>U.S. POSTMASTER 2001 N. MATTIS CHAMPAIGN, IL 61821</i>	<i>POSTAGE</i>	<i>12/6/99</i>	<i>91.42</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,890.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. POSTMASTER 2001 N. MATTIS CHAMPAIGN, IL 61821	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	400.-
KINKOS 505 S. MATTIS CHAMPAIGN IL 61821	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	325.26
BO BOUCK 1768 COUNTY ROAD 1650N URBANA IL 61802	MAILING COSTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	400.-
JEANNE MURRAY 905 SUNNYCREST DRIVE EAST URBANA, IL 61801	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	1,000.-
CHARLES STEPHENS 2609 GALEN DRIVE CHAMPAIGN, IL 61821	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/99	2200.-
McLEOD USA P.O. BOX 3177 CEDAR RAPIDS IA 52406	PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	1,015.-
BIAGGI'S 2235 S. NEW CHAMPAIGN IL 61820	FUNDRAISING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	357.67
JEANNE MURRAY SEE ABOVE	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	800.-
JEANNE MURRAY SEE ABOVE	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	800.-

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRAD GRAVEN 2648 VILLAGE GREEN, C-1 AURORA, IL 60504	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/99	250.-
B. Full Name, Mailing Address and ZIP Code WILSON GRAND 429 N. ST. ASAPH ALEXANDRIA, VA. 22314	CONSULTING SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/9/99	2,500.-
C. Full Name, Mailing Address and ZIP Code BRAD GRAVEN SEE ABOVE	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/9/99	1,500.-
D. Full Name, Mailing Address and ZIP Code PDC PRINTING 1802 N LINCOLN URBANA IL 61801	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/99	546.-
E. Full Name, Mailing Address and ZIP Code JEANE MURRAY SEE ABOVE	OFFICE EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/24/99	232.21
F. Full Name, Mailing Address and ZIP Code F&H PUBLISHERS P.O. BOX 305 BELMONT IA 50421	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	225.80
G. Full Name, Mailing Address and ZIP Code MCLEOD USA SEE ABOVE	PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	293.53
H. Full Name, Mailing Address and ZIP Code BRAD GRAVEN SEE ABOVE	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	653.61
I. Full Name, Mailing Address and ZIP Code KEVIN JOHNSON 36008 STATE ROUTE 9 RANNEY, IL 61821	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	591.10

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MATT BISBEE 639 ST. ANDREWS CIRCLE RANTOUL IL 61866	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	1364.52
JEANE MURRAY SEE ABOVE	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	1,277.40
DEPARTMENT of REGULATIONS 320 W. WASHINGTON SPRINGFIELD, IL 62786	CONTRACTUAL SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	218.07
BRACHS 811 SOUTH HAMILTON SULLIVAN IL 61951	FOR PARADE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	303.1

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

17,253.77

