

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 FEB 20 P 2:49

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17097

Check if different than previously reported. (ACC)

Urbana

IL

61820

2. FEC IDENTIFICATION NUMBER

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

Convention (12C)

Election on

General (12G)

Special (12S)

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Election on

Runoff (30R)

Special (30S)

in the State of

5. Covering Period

11

28

2000

through

12

31

2000

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

Type or Print Name of Treasurer

Jim Bray

James P. Bray

Signature of Treasurer

Date

10

15

2000

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

Office Use Only

FEC FORM 3 (Revised 1/2001)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 1/2001)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period From: **NOV 11 2000** To: **DEC 31 2000**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(c)).....	15895.00	935402.34
(b) Total Contribution Refunds (from Line 20(d)).....	1200.00	5325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14695.00	930077.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56196.71	1287377.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	2766.24	2766.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53430.47	1284611.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26136.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	373070.69	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 1/2001)

Page 3

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period From: M M D Y V V V V To: M M D Y V V V V
11 28 2000 12 31 2000

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3150.00	
(ii) Unitemized.....	745.00	
(iii) TOTAL of contributions from Individuals.....	3895.00	536879.00
(b) Political Party Committees.....	0.00	21728.00
(c) Other Political Committees (such as PACS).....	12000.00	376795.34
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(i), (c), (c), and (d))	15895.00	935402.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	340000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	340000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	2766.24	2766.24
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	18661.24	1278168.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55196.71	1267377.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made (or Guaranteed by the Candidate).....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3875.00
(b) Political Party Committees.....	1200.00	1200.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1200.00	5325.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	57396.71	1292702.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	64872.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18661.24
25. SUBTOTAL (add Line 23 and Line 24).....	83533.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57396.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26136.75

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 5/36	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
12	13a	13b	14		15

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. AmericanAirline PAC

Full Name (Last, First, Middle Initial)
Mailing Address
1101 17th St., N.W., No. 800
City Washington State DC Zip Code 20036

Date of Receipt
12 05 2000

Amount of Each Receipt this Period
1000.00

Receipt

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1000.00

Transaction ID: 1207200033C33311

B. Edge Forum PAC

Full Name (Last, First, Middle Initial)
Mailing Address
PO Box 618
City Alton State IL Zip Code 62002

Date of Receipt
12 15 2000

Amount of Each Receipt this Period
500.00

Receipt

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Transaction ID: 0730200120C33524

C. Gun Owners of America PAC

Full Name (Last, First, Middle Initial)
Mailing Address
8001 Forbes Place, Suite 102
City Springfield State VA Zip Code 22151

Date of Receipt
12 15 2000

Amount of Each Receipt this Period
5000.00

Receipt

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Transaction ID: 0730200120C33515

SUBTOTAL of Receipts This Page (optional) **6500.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 6 / 36	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14		

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Netgal Ready Mixal Concrete PAC

Full Name (Last, First, Middle Initial)
Mailing Address
800 Spring Street
City State Zip Code
Silver Spring MD 20910

Date of Receipt
12 18 2000

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) 500.00

Transaction ID: 0730200120C334911

B. SSC Communications PAC

Full Name (Last, First, Middle Initial)
Mailing Address
175 E. Houston
City State Zip Code
San Antonio TX 78205

Date of Receipt
12 01 2000

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Receipt

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) 10000.00
 2000 Primary Debt Re

Transaction ID: 1207200033C332714

C.

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	12000.00

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 35	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)
A. Tony Leone

Mailing Address
2121 Timberview
City
Springfield

State
IL

Zip Code
62702

Date of Receipt
12 / 12 / 2000

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Occupation

Receipt For:
Primary General
Other (specify) ▼

Election Cycle-to-Date
500.00

Receipt

Transaction ID: 0730200120C33458

Full Name (Last, First, Middle Initial)
B. Michael Mooney

Mailing Address
PO Box 137
City
Chrisman

State
IL

Zip Code
61824

Date of Receipt
12 / 12 / 2000

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Occupation
Automobile dealer

Receipt For:
Primary General
Other (specify) ▼

Election Cycle-to-Date
500.00

Receipt

Transaction ID: 0730200120C33458

Full Name (Last, First, Middle Initial)
C. Tim Mooney

Mailing Address
Rt. 36, Box 137
City
Tuscola

State
IL

Zip Code
61363

Date of Receipt
12 / 12 / 2000

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-employed
Occupation
Automobile dealer

Receipt For:
Primary General
Other (specify) ▼

Election Cycle-to-Date
500.00

Receipt

Transaction ID: 0730200120C334710

SUBTOTAL of Receipts This Page (optional) **1250.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Stacy Kohnreich

Mailing Address
R.R. 2, Box 258R
City
Clinton

State
IL

Zip Code
61727-

Date of Receipt
12 05 2000

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-employed

Occupation
Physician

Receipt

Receipt For:
Primary General Other (specify)▼

Election Cycle-to-Date ▼
250.00

Transaction ID: 1207200033C333012

B. Full Name (Last, First, Middle Initial)
Camille Sattie

Mailing Address
R. R. 2, Box 45
City
Clinton

State
IL

Zip Code
61727-

Date of Receipt
12 05 2000

Amount of Each Receipt this Period
850.00

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt

Receipt For:
Primary General Other (specify)▼

Election Cycle-to-Date ▼
1100.00

Transaction ID: 1207200033C332815

C. Full Name (Last, First, Middle Initial)
Camille Sattie

Mailing Address
R. R. 2, Box 45
City
Clinton

State
IL

Zip Code
61727-

Date of Receipt
12 05 2000

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt

Receipt For:
Primary General Other (specify)▼

Election Cycle-to-Date ▼
1250.00

Transaction ID: 0730200120C334415

SUBTOTAL of Receipts This Page (optional) **1150.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 36	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Joe Sattowhite

Mailing Address
1500 N. Bowman Avenue
City
Danville

State
IL

Zip Code
61832

Date of Receipt
M M D D D Y Y Y Y
12 05 2000

Amount of Each Receipt this Period
500.00

Receipt
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:
Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID: 1207200033C332917

B. Full Name (Last, First, Middle Initial)
G.R. Skinner

Mailing Address
606 S. Oak Drive
City
Mahomet

State
IL

Zip Code
61853

Date of Receipt
M M D D D Y Y Y Y
12 15 2000

Amount of Each Receipt this Period
250.00

Receipt
250.00

FEC ID number of contributing federal political committee.

Name of Employer
retired

Occupation
Retired

Receipt For:
Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID: 0730200120C335018

C.

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	3150.00

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Deleted Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 36
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)
A. Groundwell Dines

Date of Receipt
M M Y Y D D P P Y Y Y Y
12 08 2008

Mailing Address
P.O. Box 218
City State Zip Code
Alber City IA 50510

FEC ID number of contributing federal political committee

Amount of Each Receipt this Period
2766.24

Name of Employer Occupation
Offsets to Operating Expenditu

Receipt For: Election Cycle-to-Date
Primary General Other (specify)
2766.24

Transaction ID: 0730200120C3365

B.

C.

SUBTOTAL of Receipts This Page (optional)	2766.24
TOTAL This Period (last page this line number only)	2766.24

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)
A. AT&T Cable

Mailing Address
303 E. Fairlawn
City Urbana State IL Zip Code 61801

Date of Disbursement
12 07 2000

Amount of Each Disbursement this Period
99.92

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) Category/Type UTILITIES

State: District: Transaction ID: 0730200121E884

Full Name (Last, First, Middle Initial)
B. Bank Illinois

Mailing Address
100 W. University Avenue
City Champaign State IL Zip Code 61820

Date of Disbursement
12 29 2000

Amount of Each Disbursement this Period
8889.73

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) Category/Type TAXES

State: District: Transaction ID: 0730200121E823

Full Name (Last, First, Middle Initial)
C. Mail Bisbee

Mailing Address
308 S. Cherry
City Paxton State IL Zip Code 60957-1405

Date of Disbursement
12 04 2000

Amount of Each Disbursement this Period
917.10

Purpose of Disbursement
SERVICES/PRESS

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) Category/Type SERVICES/PRESS

State: District: Transaction ID: 0730200121E889

SUBTOTAL of Receipts This Page (optional) **9846.75**

TOTAL This Period (last page this line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 38

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	20a	<input type="checkbox"/>	21
	20a		20b		20c				

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NAME OF COMMITTEE (in Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Matt Bisbee

Date of Disbursement
12 18 2000

Mailing Address
308 S Cherry
City Paxton State IL Zip Code 60957-1405

Purpose of Disbursement
SERVICES/PRESS
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
250.00

Transaction ID: 0730200121E913

B. Full Name (Last, First, Middle Initial)
Matt Bisbee

Date of Disbursement
12 18 2000

Mailing Address
308 S Cherry
City Paxton State IL Zip Code 60957-1405

Purpose of Disbursement
SERVICES/PRESS
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
917.10

Transaction ID: 0730200121E914

C. Full Name (Last, First, Middle Initial)
Matt Bisbee

Date of Disbursement
12 29 2000

Mailing Address
308 S Cherry
City Paxton State IL Zip Code 60957-1405

Purpose of Disbursement
SERVICES/PRESS
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
917.10

Transaction ID: 0730200121E915

SUBTOTAL of Receipts This Page (optional)	2084.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 18a	<input type="checkbox"/> 21
20a	20b	20c	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 01 2000

A. Bloomington Pentagraph

Mailing Address

301 W. Washington

City

Bloomington

State

IL

Zip Code

61701-

Amount of Each Disbursement this Period

84.74

Purpose of Disbursement

SUBSCRIPTION

Candidate Name

Category/
Type

SUBSCRIPTION

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E903

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 07 2000

B. Bundy Business Machi

Mailing Address

1605 N Willie

City

Champaign

State

IL

Zip Code

61821-

Amount of Each Disbursement this Period

243.40

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/
Type

OFFICE SUPPLIES

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E896

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 07 2000

C. Cellular One

Mailing Address

217 S. Neil Street

City

Champaign

State

IL

Zip Code

61820-

Amount of Each Disbursement this Period

762.07

Purpose of Disbursement

UTILITIES: TELEPHONE

Candidate Name

Category/
Type

UTILITIES: TELEPHONE

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E897

SUBTOTAL of Receipts This Page (optional)

1120.21

TOTAL This Period (last page this line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 36

17
20a 18
20b 19a
20c 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Central Waste Service

Mailing Address

PO Box 3069

City

Champaign

Purpose of Disbursement

UTILITIES

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

State

IL

Zip Code

61826

Category/
Type

Date of Disbursement

12 07 2000

Amount of Each Disbursement this Period

20.00

UTILITIES

Transaction ID: 0730200121E999

Full Name (Last, First, Middle Initial)

B. Central Waste Service

Mailing Address

PO Box 3069

City

Champaign

Purpose of Disbursement

UTILITIES

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

State

IL

Zip Code

61826

Category/
Type

Date of Disbursement

12 17 2000

Amount of Each Disbursement this Period

20.00

UTILITIES

Transaction ID: 0730200121E909

Full Name (Last, First, Middle Initial)

C. Danville Commercial News

Mailing Address

17W. North

City

Danville

Purpose of Disbursement:

SUBSCRIPTION

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

State

IL

Zip Code

61832

Category/
Type

Date of Disbursement

12 07 2000

Amount of Each Disbursement this Period

275.50

SUBSCRIPTION

Transaction ID: 0730200121E904

SUBTOTAL of Receipts This Page (optional)

315.50

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	FOR LINE NUMBER: (check only one)	PAGE 15 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Dreamscape Design

Mailing Address
1 Henson Place
City: Champaign State: IL Zip Code: 61820

Date of Disbursement
12 / 07 / 2000

Amount of Each Disbursement this Period
3452.50

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Disbursement For: Primary General Other (specify) ▼
Senate President

Category/Type
ADVERTISING

Transaction ID: 0730200121E892

B. Full Name (Last, First, Middle Initial)
Joan Dykstra

Mailing Address
311 Church Street
City: Savoy State: IL Zip Code: 61874

Date of Disbursement
12 / 18 / 2000

Amount of Each Disbursement this Period
285.34

Purpose of Disbursement
REIMBURSEMENT/OFFICE SUPPLIES

Candidate Name

Office Sought: House Disbursement For: Primary General Other (specify) ▼
Senate President

Category/Type
REIMBURSEMENT/OFFICE SUPPLIE

Transaction ID: 0730200121E871

C. Full Name (Last, First, Middle Initial)
Joan Dykstra

Mailing Address
311 Church Street
City: Savoy State: IL Zip Code: 61874

Date of Disbursement
12 / 18 / 2000

Amount of Each Disbursement this Period
4036.00

Purpose of Disbursement
SERVICES/CAMPAIGN MANAGER

Candidate Name

Office Sought: House Disbursement For: Primary General Other (specify) ▼
Senate President

Category/Type
SERVICES/CAMPAIGN MANAGER

Transaction ID: 0730200121E911

SUBTOTAL of Receipts This Page (optional) 7773.84

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Illini Swallow

Date of Disbursement

11 / 30 / 2000

Mailing Address

704 S. Neil St.

City

Champaign

State

IL

Zip Code

61820-

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement

DEPOSIT FOR BUS RENTAL

Candidate Name

Category/Type

DEPOSIT FOR BUS RENTAL

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

Transaction ID: 0730200121E855

State:

District:

Full Name (Last, First, Middle Initial)

B. Illini Swallow

Date of Disbursement

12 / 26 / 2000

Mailing Address

704 S. Neil St.

City

Champaign

State

IL

Zip Code

61820-

Amount of Each Disbursement this Period

4316.58

Purpose of Disbursement

BUS PAYMENT

Candidate Name

Category/Type

BUS PAYMENT

Office Sought:

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

Transaction ID: 0730200121E863

State:

District:

Full Name (Last, First, Middle Initial)

C. Illinois Dep. of Rev

Date of Disbursement

12 / 29 / 2000

Mailing Address

Willard Ice Bldg.

City

Springfield

101 West Jefferson

State

IL

Zip Code

62702-

Amount of Each Disbursement this Period

565.52

Purpose of Disbursement

TAXES

Candidate Name

Category/Type

TAXES

Office Sought:

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

Transaction ID: 0730200121E822

State:

District:

SUBTOTAL of Receipts This Page (optional)

5382.48

TOTAL This Period (last page this line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Statement Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Illinois Power

Mailing Address
P.O. Box 511
City Decatur State IL Zip Code 62525

Date of Disbursement
12 / 07 / 2000

Amount of Each Disbursement this Period
228.52

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Disbursement For: Primary General
Senate
President Other (specify) ▼

State: District: Transaction ID: 0730200121E900

B. Full Name (Last, First, Middle Initial)
Jillians

Mailing Address
1201 S. Neil St
City Champaign State IL Zip Code 61820

Date of Disbursement
11 / 30 / 2000

Amount of Each Disbursement this Period
100.00

Purpose of Disbursement
VOLUNTEER EXPENSE

Candidate Name

Office Sought: House Disbursement For: Primary General
Senate
President Other (specify) ▼

State: District: Transaction ID: 0730200121E858

C. Full Name (Last, First, Middle Initial)
Jilliane

Mailing Address
1201 S. Neil St
City Champaign State IL Zip Code 61820

Date of Disbursement
11 / 30 / 2000

Amount of Each Disbursement this Period
305.48

Purpose of Disbursement
VOLUNTEER EXPENSE

Candidate Name

Office Sought: House Disbursement For: Primary General
Senate
President Other (specify) ▼

State: District: Transaction ID: 0730200121E857

SUBTOTAL of Receipts This Page (optional)	634.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Kevin Johnson

Date of Disbursement
12 / 04 / 2000

Mailing Address
3608 State Route 9
City Rankin State IL Zip Code 60860

Amount of Each Disbursement this Period
591.10

Purpose of Disbursement
SERVICES/ASSISTANT

Candidate Name

Category/Type
SERVICES/ASSISTANT

Office Sought: House Disbursement For: Primary General
Senate President Other (specify) ▼

State: District: Transaction ID: 0730200121E887

B. Full Name (Last, First, Middle Initial)
Kevin Johnson

Date of Disbursement
12 / 07 / 2000

Mailing Address
3608 State Route 9
City Rankin State IL Zip Code 60860

Amount of Each Disbursement this Period
486.55

Purpose of Disbursement
REIMBURSEMENT/TRAVEL EXP.

Candidate Name

Category/Type
REIMBURSEMENT/TRAVEL EXP.

Office Sought: House Disbursement For: Primary General
Senate President Other (specify) ▼

State: District: Transaction ID: 0730200121E889

C. Full Name (Last, First, Middle Initial)
Kevin Johnson

Date of Disbursement
12 / 18 / 2000

Mailing Address
3608 State Route 9
City Rankin State IL Zip Code 60860

Amount of Each Disbursement this Period
250.00

Purpose of Disbursement
SERVICES/ASSISTANT

Candidate Name

Category/Type
SERVICES/ASSISTANT

Office Sought: House Disbursement For: Primary General
Senate President Other (specify) ▼

State: District: Transaction ID: 0730200121E818

SUBTOTAL of Receipts This Page (optional) 1327.65

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Kevin Johnson

Date of Disbursement
12 / 18 / 2000

Mailing Address
3808 State Route 9
City Rankin State IL Zip Code 60960

Amount of Each Disbursement this Period
591.10

Purpose of Disbursement
SERVICES/ASSISTANT

Candidate Name
Category/Type
SERVICES/ASSISTANT

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District: Transaction ID: 0730200121E917

B. Full Name (Last, First, Middle Initial)
Kevin Johnson

Date of Disbursement
12 / 29 / 2000

Mailing Address
3808 State Route 9
City Rankin State IL Zip Code 60960

Amount of Each Disbursement this Period
591.10

Purpose of Disbursement
SERVICES/ASSISTANT

Candidate Name
Category/Type
SERVICES/ASSISTANT

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District: Transaction ID: 0730200121E918

C. Full Name (Last, First, Middle Initial)
Keenan Communications

Date of Disbursement
12 / 01 / 2000

Mailing Address
PO Box 2778
City Arlington State VA Zip Code 22202

Amount of Each Disbursement this Period
9198.00

Purpose of Disbursement
FUNDRAISING EXPENSE

Candidate Name
Category/Type
FUNDRAISING EXPENSE

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District: Transaction ID: 0730200121E890

SUBTOTAL of Receipts This Page (optional) **9378.20**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Kinkos

Full Name (Last, First, Middle Initial) _____

Mailing Address _____
505 S. Mattis _____
City _____ State _____ Zip Code _____
Champaign IL 61821-

Purpose of Disbursement _____
PRINTING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 12 / 07 / 2000

Amount of Each Disbursement this Period: 197.44

Category/Type: PRINTING

Transaction ID: 0730200121E898

B. Kinkos

Full Name (Last, First, Middle Initial) _____

Mailing Address _____
505 S. Mattis _____
City _____ State _____ Zip Code _____
Champaign IL 61821-

Purpose of Disbursement _____
PRINTING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 12 / 17 / 2000

Amount of Each Disbursement this Period: 76.72

Category/Type: PRINTING

Transaction ID: 0730200121E907

C. Lazars Edge

Full Name (Last, First, Middle Initial) _____

Mailing Address _____
1303 N. Mattis _____
City _____ State _____ Zip Code _____
Champaign IL 61820-

Purpose of Disbursement _____
OFFICE SUPPLIES

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 12 / 07 / 2000

Amount of Each Disbursement this Period: 106.43

Category/Type: OFFICE SUPPLIES

Transaction ID: 0730200121E902

SUBTOTAL of Receipts This Page (optional) _____

380.59

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 36

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20a	20b	20c	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Rachael Leman

Date of Disbursement

11 28 2000

Mailing Address

3303 Summerview

City

Champaign

State

IL

Zip Code

61822-

Amount of Each Disbursement this Period

283.63

Purpose of Disbursement

RE-IMBURSE HOTEL-POST ELECTION PART

Candidate Name

Category/
Type

RE-IMBURSE HOTEL-POST ELECTIC

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E850

Full Name (Last, First, Middle Initial)

B. Rachael Leman

Date of Disbursement

12 04 2000

Mailing Address

3303 Summerview

City

Champaign

State

IL

Zip Code

61822-

Amount of Each Disbursement this Period

887.73

Purpose of Disbursement

SERVICES FINANCE

Candidate Name

Category/
Type

SERVICES FINANCE

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E888

Full Name (Last, First, Middle Initial)

C. Rachael Leman

Date of Disbursement

12 18 2000

Mailing Address

3303 Summerview

City

Champaign

State

IL

Zip Code

61822-

Amount of Each Disbursement this Period

887.73

Purpose of Disbursement

SERVICES/FINANCE

Candidate Name

Category/
Type

SERVICES/FINANCE

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E919

SUBTOTAL of Receipts This Page (optional)

2019.09

TOTAL This Period (last page this line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER (check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Rachael Leman

Mailing Address
3303 Summerview
City Champaign State IL Zip Code 61822-

Purpose of Disbursement
REIMBURSEMENT/OFFICE SUPPLIES
Candidate Name Candace Alexis

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
M M D Y
12 18 2000

Amount of Each Disbursement this Period
35.00

Category/Type
REIMBURSEMENT/OFFICE SUPPLIE

Transaction ID: 0730200121E970

B. Full Name (Last, First, Middle Initial)
Rachael Leman

Mailing Address
3303 Summerview
City Champaign State IL Zip Code 61822-

Purpose of Disbursement
SERVICES/FINANCE
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
M M D Y
12 18 2000

Amount of Each Disbursement this Period
400.00

Category/Type
SERVICES/FINANCE

Transaction ID: 0730200121E920

C. Full Name (Last, First, Middle Initial)
Rachael Leman

Mailing Address
3303 Summerview
City Champaign State IL Zip Code 61822-

Purpose of Disbursement
REIMBURSEMENT DECORATIONS
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
M M D Y
12 28 2000

Amount of Each Disbursement this Period
94.18

Category/Type
REIMBURSEMENT DECORATIONS

Transaction ID: 0730200121E861

SUBTOTAL of Receipts This Page (optional) 529.18

TOTAL This Period (last page has line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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---	------------------------------------	-------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Rachael Lenian

Date of Disbursement

12 / 29 / 2000

Mailing Address

3309 Summerview

City

Champaign

State

IL

Zip Code

61822-

Amount of Each Disbursement this Period

887.73

Purpose of Disbursement

SERVICES/FINANCE

Candidate Name

Category/
Type

SERVICES/FINANCE

Office Sought:

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E921

Full Name (Last, First, Middle Initial)

B. Judy Lomas

Date of Disbursement

12 / 30 / 2000

Mailing Address

404 Pond Ridge Rd.

City

Urbana

State

IL

Zip Code

61802-

Amount of Each Disbursement this Period

300.89

Purpose of Disbursement

REIMBURSEMENT-SWEARING IN CEREMONY

Candidate Name

Category/
Type

REIMBURSEMENT-SWEARING IN CE

Office Sought:

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E866

Full Name (Last, First, Middle Initial)

C. Arnette Martin

Date of Disbursement

12 / 11 / 2000

Mailing Address

1502 Golfview Drive

City

Rantoul

State

IL

Zip Code

61868-

Amount of Each Disbursement this Period

43.00

Purpose of Disbursement

REIMBURSEMENT CONDOLENCE FLOWERS

Candidate Name

Category/
Type

REIMBURSEMENT CONDOLENCE FL

Office Sought:

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E880

SUBTOTAL of Receipts This Page (optional)

1211.62

TOTAL This Period (last page lists line number only)

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20b 19a
20c 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Miled USA

Date of Disbursement

12 / 07 / 2000

Mailing Address

2302 Fox Dr

City

Champaign

State

IL

Zip Code

61820-

Amount of Each Disbursement this Period

1404.25

Purpose of Disbursement

PHONE SERVICE

Candidate Name

Category/
Type

PHONE SERVICE

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E894

Full Name (Last, First, Middle Initial)

B. Mobla

Date of Disbursement

12 / 07 / 2000

Mailing Address

3604 N Mattis

City

Champaign

State

IL

Zip Code

61820-

Amount of Each Disbursement this Period

1405.00

Purpose of Disbursement

TRAVEL EXPENSE

Candidate Name

Category/
Type

TRAVEL EXPENSE

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E895

Full Name (Last, First, Middle Initial)

C. Jean Morris

Date of Disbursement

12 / 07 / 2000

Mailing Address

1209 North High

City

Paris

State

IL

Zip Code

61844-

Amount of Each Disbursement this Period

91.08

Purpose of Disbursement

REIMBURSEMENT/MILEAGE

Candidate Name

Category/
Type

REIMBURSEMENT/MILEAGE

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Transaction ID: 0730200121E905

SUBTOTAL of Receipts This Page (optional)

2901.21

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	FOR LINE NUMBER: (check only one)	PAGE 25 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
John Morris

Mailing Address
1209 North High
City Paris State IL Zip Code 61944

Purpose of Disbursement
SERVICES/FIELD DIRECTOR

Candidate Name _____ Category/Type SERVICES/FIELD DIRECTOR

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
12 / 18 / 2000

Amount of Each Disbursement this Period
4036.00

Transaction ID: 0730200121E912

B. Full Name (Last, First, Middle Initial)
Nettee

Mailing Address
PO Box 518E
City Carol Stream State IL Zip Code 60197-5188

Purpose of Disbursement
UTILITIES

Candidate Name _____ Category/Type UTILITIES

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
12 / 07 / 2000

Amount of Each Disbursement this Period
159.79

Transaction ID: 0730200121E901

C. Full Name (Last, First, Middle Initial)
Premier Technologies

Mailing Address
P.O. Box 14064
City Newark State NJ Zip Code 07198-0024

Purpose of Disbursement
FAX SERVICE

Candidate Name _____ Category/Type FAX SERVICE

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
12 / 07 / 2000

Amount of Each Disbursement this Period
379.45

Transaction ID: 0730200121E893

SUBTOTAL of Receipts This Page (optional) **4575.18**

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	FOR LINE NUMBER: (check only one)		PAGE 28 / 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Premier Technologies

Full Name (Last, First, Middle Initial)
Premier Technologies

Date of Disbursement
12 / 17 / 2000

Mailing Address
P.O. Box 14064
City Newark State NJ Zip Code 07198-0024

Amount of Each Disbursement this Period
250.18

Purpose of Disbursement
FAX SERVICE

Candidate Name

Category/Type
FAX SERVICE

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Transaction ID: 0730200121E908

B. Joe Sprengard

Full Name (Last, First, Middle Initial)
Joe Sprengard

Date of Disbursement
11 / 28 / 2000

Mailing Address
1216 Lancaster
City Champaign State IL Zip Code 61822-

Amount of Each Disbursement this Period
775.48

Purpose of Disbursement
SERVICES/VOLUNTEER COORDINATOR

Candidate Name

Category/Type
SERVICES/VOLUNTEER COORDINATOR

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Transaction ID: 1207200033E818

C. Joe Sprengard

Full Name (Last, First, Middle Initial)
Joe Sprengard

Date of Disbursement
11 / 28 / 2000

Mailing Address
1216 Lancaster
City Champaign State IL Zip Code 61822-

Amount of Each Disbursement this Period
775.48

Purpose of Disbursement
SERVICES/VOLUNTEER COORDINATOR

Candidate Name

Category/Type
SERVICES/VOLUNTEER COORDINATOR

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Transaction ID: 0730200121E885

SUBTOTAL of Receipts This Page (optional) 1811.14

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	FOR LINE NUMBER: (check only one)				PAGE 27 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 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. Joe Sprongard

Full Name (Last, First, Middle Initial)
Joe Sprongard

Mailing Address
1216 Lancaster
City
Champaign State IL Zip Code 61822-

Purpose of Disbursement
SERVICES/VOLUNTEER COORDINATOR

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
11 28 2000

Amount of Each Disbursement this Period
552.48

Category/Type
SERVICES/VOLUNTEER COORDINATOR

Transaction ID: 1207200033E819

B. Charles Stephens

Full Name (Last, First, Middle Initial)
Charles Stephens

Mailing Address
2609 Galen Drive
City
Champaign State IL Zip Code 61821-

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
12 07 2000

Amount of Each Disbursement this Period
800.00

Category/Type
RENT

Transaction ID: 0730200121E908

C. Charles Stephens

Full Name (Last, First, Middle Initial)
Charles Stephens

Mailing Address
2609 Galen Drive
City
Champaign State IL Zip Code 61821-

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
12 17 2000

Amount of Each Disbursement this Period
2200.00

Category/Type
RENT

Transaction ID: 0730200121E910

SUBTOTAL of Receipts This Page (optional)	3552.48
TOTAL This Period (last page this line number only)	54843.32

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 36
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Livingston Co. Republican Central Comm

Mailing Address
1318 S. Mill
City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Refund of Contribution Contribution Refu
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
11 / 28 / 2000

Amount of Each Disbursement This Period
1200.00

Category/Type

Transaction ID: 0730200121E853

B.

C.

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	1200.00

**SCHEDULE C
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

LOAN SOURCE Full Name (Last, First, Middle Initial)

Bank Illinois

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

100 W. University Avenue
City Champaign

State IL ZIP Code 61820

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

06 2000

01

18 2003

8.500 % (apr)

Yes No

Transaction ID: LS1015200017C2023

Full Name (Last, First, Middle Initial)

Name of Employer

Timothy Johnson

Occupation

Mailing Address

Attorney

2151 County Road #100N

Amount

City

State IL

ZIP Code 61877

Guaranteed

100000.00

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)

100000.00

TOTALS This Period (last page in this line only)

Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rusey Bank

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

201 W. Main

City Urbana

State IL ZIP Code 61801

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

24 2000

08

16 2003

8.500 1% (apr)

Yes No

Transaction ID: LS101520001702024

Full Name (Last, First, Middle Initial)

Timothy V. Johnson

Mailing Address

2151 County Road 1100 N

City

Sidney

State

IL

ZIP Code

61877-

Name of Employer

Johnson, Frank, Frederick & Wa

Occupation

Attorney

Amount

Guaranteed

100000.00

Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional):

100000.00

TOTALS This Period (last page in this line only):

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Friends of Tim Johnson

LOAN SOURCE Full Name (Last, First, Middle Initial)

Busey Bank

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

201 W. Main

City Urbana

State IL

ZIP Code

51801

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M M D Y Y Y Y M M D D Y Y Y Y 03 09 2000 08 18 2003 8.500 % (apr) Yes No

Transaction ID: L51D152D0017C2036

Full Name (Last, First, Middle Initial)

Timothy Johnson

Name of Employer

Occupation

Mailing Address

2151 County Road 1100N

Attorney

Amount

Guaranteed

14000.00

Outstanding:

City

Stoney

State IL

ZIP Code

61877

Full Name (Last, First, Middle Initial)

Name of Employer

Occupation

Mailing Address

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

Full Name (Last, First, Middle Initial)

Name of Employer

Occupation

Mailing Address

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

Full Name (Last, First, Middle Initial)

Name of Employer

Occupation

Mailing Address

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

SUBTOTALS This Period This Page (optional)

40000.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Friends of Tim Johnson

LOAN SOURCE Full Name (Last, First, Middle Initial)

First State Bank of Monticello

Escrow:

Primary
 General
 Other (specify) ▼

Mailing Address

201 West Main Street
City Monticello

PO Box 260
State IL ZIP Code 61856

Original Amount of Loan:	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10 05 2000 10 05 2003 7.000 % (apr) Yes No

Transaction ID: LS1D2020002C277

Full Name (Last, First, Middle Initial)

Timothy V. Johnson
Mailing Address
21751 CR 1100N

Name of Employer:

Occupation:

City State ZIP Code
Sidney IL 61877

Amount Guaranteed Outstanding: 100000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Name of Employer

Occupation:

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Name of Employer

Occupation:

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Name of Employer

Occupation:

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

100000.00

TOTALS This Period (last page in this line only)

340000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: 9 10

Excluding Loans

NAME OF COMMITTEE (in full)
Friends of Tim Johnson

A Full Name (Last, First, Middle Initial) of Debtor or Creditor
Bank Illinois Nature of Debt (Purpose):
Interest

Mailing Address
100 W. University Avenue
City State ZIP Code
Champaign IL 61820

Outstanding Balance Beginning This Period Transaction ID: 7LS1015200017E439
2915.98
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2915.98

B Full Name (Last, First, Middle Initial) of Debtor or Creditor
Wilson Grant Nature of Debt (Purpose):
Advertising

Mailing Address
429 N. Street Asaph
City State ZIP Code
Alexandria VA 22314

Outstanding Balance Beginning This Period Transaction ID: 1LS1421200128E10J8
16179.00
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 16179.00

C Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dreamscape Design Nature of Debt (Purpose):
Advertising

Mailing Address
1 Henson Place
City State ZIP Code
Champaign IL 61820

Outstanding Balance Beginning This Period Transaction ID: 4LS0790200121E882
9812.53
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3452.50 6360.03

1) SUBTOTALS This Period This Page (optional)	25455.01
2) TOTALS This Period (last page this line number only)	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedules for
each numbered
line)

FOR LINE NUMBER
(check only one)

8
 10

NAME OF COMMITTEE (In Full)

Friends of Tim Johnson

A Full Name (Last, First, Middle Initial) of Debtor or Creditor

Busey Bank

Nature of Debt (Purpose):

Fee

Mailing Address

201 W. Main

City State

Urbana IL

ZIP Code

61801-

Outstanding Balance Beginning This Period

211.79

Transaction ID: 6LS12072000335844

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.79

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Busey Bank

Nature of Debt (Purpose):

Interest

Mailing Address

201 W. Main

City State

Urbana IL

ZIP Code

61801-

Outstanding Balance Beginning This Period

6478.89

Transaction ID: 6LS10152000175435

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6478.89

C Full Name (Last, First, Middle Initial) of Debtor or Creditor

Champaign Telephone

Nature of Debt (Purpose):

Telephone System

Mailing Address

1300 S. Neil

City State

Champaign IL

ZIP Code

61820-

Outstanding Balance Beginning This Period

925.00

Transaction ID: 2LS10152000175461

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

1) SUBTOTALS This Period This Page (optional)

7615.68

2) TOTALS This Period (last page this line number only)

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2/20/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ja</i> PREPARED	2/20/03 DATE PREPARED