

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -8 P 12:21

1. NAME OF COMMITTEE (in full) Friends of Tim Johnson		2. FEC IDENTIFICATION NUMBER C00350421
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 905 S. Neil	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE Champaign, IL 61820	STATE/DISTRICT IL 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)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election on
<input type="checkbox"/> January 31 Year End Report	11/07/2000 in the State of IL
<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

5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$156,407.00	\$920,602.80
(b) Total Contribution Refunds (From Line 20(d))	\$100.00	\$4,125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$156,307.00	\$916,477.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$203,829.35	\$1,229,916.66
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$203,829.35	\$1,229,916.66
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$65,872.22	
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)	\$364,719.19	

For further information:
Federal Election Commission
969 E Street, NW
Washington, DC 20463
Toll Free 800-424-6530
Local 202-684-1100

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 Jim Bray	
Signature of Treasurer 	Date 12/07/2000

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

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Friends of Tim Johnson	Report Covering the Period: From: 10/19/2000 To: 11/27/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$89,414.00	
(ii) Unitemized	\$14,308.00	
(iii) Total of contributions from individual	\$85,722.00	\$594,384.00
(b) Political Party Committees	\$3,500.00	\$21,728.00
(c) Other Political Committees (such as PACs)	\$88,185.00	\$384,490.80
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$156,407.00	\$920,602.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$340,000.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$340,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$156,407.00	\$1,260,602.80
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$203,829.35	\$1,228,916.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$100.00	\$3,875.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$250.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$100.00	\$4,125.00
21. OTHER DISBURSEMENTS	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$203,829.35	\$1,234,041.86
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$113,394.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$156,407.00
25. SUBTOTAL (add Line 23 and Line 24)		\$269,801.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		\$203,829.35
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$65,972.22

SCHEDULE A

ITEMIZED RECEIPTS

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 Charles Baccus 501 North Tamula P.O. Box 797 Mahomet, IL 61853 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer State of Illinois Occupation Management Aggregate Year-to-Date -> 550.00	Date (month, day, year) 11/04/2000	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code George Savvas 212 West Springfield Avenue Champaign, IL 61820 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date -> 800.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Harold Spain 105 E. Church Potomac, IL 61865 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 220.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
D. Full Name, Mailing Address and Zip Code Steve Hartman 700 W Grand Saint Joseph, IL 61873 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer JSM Apartments Occupation Property Management Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Lloyd Murphy 715 Lakeshore Drive Tuscola, IL 61953 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Tuscola National Bank Occupation Information Requested Aggregate Year-to-Date -> 750.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Fred Helmuth 506 E County Road 300 N Arcola, IL 61910 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Okaw Buildings Occupation Owner Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Bill Abbott 1009 Surrey Road Monticello, IL 61856 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bill Abbott Chevrolet Occupation Owner Aggregate Year-to-Date -> 750.00	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	\$2,870.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Max Mitchell 310 Floral Park Savoy, IL 61874 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested Occupation Realtor Aggregate Year-to-Date -> 400.00	10/24/2000	250.00
Bill Cellini 2166 Wiggins Avenue Springfield, IL 62704 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	William F. Cellini Occupation Owner Aggregate Year-to-Date -> 2,000.00	10/28/2000	1,000.00
James Esworthy 19561 Vermilion West Road Ogden, IL 61859 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Self-employed Occupation Farmer Aggregate Year-to-Date -> 460.00	10/21/2000	250.00
Dean Clausen 4007 Riverknoll Drive Champaign, IL 61822-9245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BankChampaign Occupation Banker Aggregate Year-to-Date -> 750.00	10/24/2000	500.00
Van Dukeman 2 Greencroft Drive Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BankIllinois Occupation Banker Aggregate Year-to-Date -> 1,250.00	10/24/2000	250.00
Greg Lykins 1400 Waverly Drive Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BankIllinois Occupation Company president Aggregate Year-to-Date -> 1,250.00	10/24/2000	250.00
Craig Mays 28 Greencroft Drive Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	C-U News Agency Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	10/24/2000	500.00

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Scott Reichard 107 Meadow Drive Urbana, IL 61801	Occupation CPA	10/27/2000	199.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	449.00	
B. Full Name, Mailing Address and Zip Code Paul Tatman 2802 East Slayback Urbana, IL 61802	Name of Employer Self	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Information Requested	Aggregate Year-to-Date ->	250.00
C. Full Name, Mailing Address and Zip Code John Lenn 112 North Oak, # 200 Villa Grove, IL 61956-	Name of Employer Self-employed	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Optometrist	Aggregate Year-to-Date ->	800.00
D. Full Name, Mailing Address and Zip Code Alan Adams 502 E John Champaign, IL 61820	Name of Employer Information Requested	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Information Requested	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code Paul Adams P.O. Box 153 Ludlow, IL 60949	Name of Employer Information Requested	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Information Requested	Aggregate Year-to-Date ->	250.00
F. Full Name, Mailing Address and Zip Code Leonard Flynn 53 Greencroft Drive Champaign, IL 61821	Name of Employer Flynn, Palmer & Tague	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	500.00
G. Full Name, Mailing Address and Zip Code Deb Weinen 1202 Mayfair Road Champaign, IL 61821-	Name of Employer Information Requested	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	300.00

SUBTOTAL of Receipts This Page (optional)

\$1,749.00

TOTAL This Period (last page this line number only)

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andy Raucci 30 North LaSalle Street Chicago, IL 60602-	Kusper & Raucci Occupation: Partner	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Iorio 700 Eden Park Rantoul, IL 61866-	Edward Jones Occupation: Investment Representative	10/19/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Traci Nally 2612 Valkar Lane Champaign, IL 61821	Self Occupation: Attorney	10/20/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ellis P.O. Box 327 Rankin, IL 60960	Taylor Higgins Ellis Occupation: Insurance	11/01/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	350.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Allee P.O. Box 567 Mattoon, IL 61938-0567	Self-employed Occupation: Wholesale lumber	11/22/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	600.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.B. Helmuth P.O. Box 314 Arcola, IL 61910	JBH Company Occupation: Owner/President	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Helmuth 506 East County Road 300 North Arcola, IL 61910	Okaw Corporations Occupation: Secretary	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$3,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Mike Kirby 3207 Fawn Hill Court Urbana, IL 61801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kirby Firestone</p> <p>Occupation Owner</p>	<p>Date (month, day, year) 10/24/2000</p> <p>Aggregate Year-to-Date -> 1,100.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Bill Kempiners 404 Missionary Ridge Drive Springfield, IL 62707-8285</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Illinois Healthcare Assoc.</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 11/06/2000</p> <p>Aggregate Year-to-Date -> 265.00</p>	<p>Amount of Each Receipt this Period 15.00</p> <p>IN-KIND</p>
<p>C. Full Name, Mailing Address and Zip Code Bill Kempiners 404 Missionary Ridge Drive Springfield, IL 62707-8285</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Illinois Healthcare Assoc.</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 11/07/2000</p> <p>Aggregate Year-to-Date -> 515.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jack Troxell 1904 Robert Drive Champaign, IL 61821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 10/24/2000</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gary Appleby 325 East County Road 800 North Tuscola, IL 61953</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation FARMER</p>	<p>Date (month, day, year) 10/24/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gary Appleby 325 East County Road 800 North Tuscola, IL 61953</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Farmer</p>	<p>Date (month, day, year) 10/27/2000</p> <p>Aggregate Year-to-Date -> 600.00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Bob Frederick 129 West Main Street Urbana, IL 61801</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Johnson, Frank, Frederick & Wa</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 10/20/2000</p> <p>Aggregate Year-to-Date -> 750.00</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)	\$2,365.00
TOTAL This Period (last page this line number only)	

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Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Frank Resnik 175 East Delaware Place Chicago, IL 60611	Retired	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Bowman 851 Bell Lane Winnetka, IL 60093	Bowman, Barrett & Associates Engineer	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Barrett 12500 South 91st Avenue Palos Park, IL 60464	Bowman, Barrett & Associates Engineer	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Stewart 1150 South Oak Park Avenue Oak Park, IL 60304	State of Illinois Attorney	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Tatman 2802 East Slayback Urbana, IL 61802	Image 2000 Salon OWNER	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis Jahn 2208 Seaton Court Champaign, IL 61821	Meyer Capel Attorney	10/24/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	450.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Lynch 339 East Mulberry Street Watseka, IL 60970	Iroquois Paving Road Contractor	10/20/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)

\$3,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Jane Walsh 2067 County Road 1250 North Saint Joseph, IL 61873-9715 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Homemaker	10/31/2000	500.00
Aggregate Year-to-Date ->		1,500.00	
B. Full Name, Mailing Address and Zip Code Susan Balding 1201 Waverly Drive Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested	11/16/2000	150.00
Aggregate Year-to-Date ->		300.00	
C. Full Name, Mailing Address and Zip Code John W. Corley 1200 North State Monticello, IL 61856 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	First State Bank President/Chairman	10/21/2000	500.00
Aggregate Year-to-Date ->		750.00	
D. Full Name, Mailing Address and Zip Code G. W. Manley 309 West Champaign Avenue Rantoul, IL 61866 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested Retired	10/24/2000	250.00
Aggregate Year-to-Date ->		450.00	
E. Full Name, Mailing Address and Zip Code Terry Prillaman, Jr. 203 Maple Street PO Box 127 Champaign, IL 61821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested Attorney	10/24/2000	100.00
Aggregate Year-to-Date ->		250.00	
F. Full Name, Mailing Address and Zip Code Anthony Novak 130 West Main Street Urbana, IL 61801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested Attorney	11/16/2000	250.00
Aggregate Year-to-Date ->		500.00	
G. Full Name, Mailing Address and Zip Code Manny Hoffman 920 West 175th Street Homewood, IL 60430 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Information Requested Insurance	10/26/2000	500.00
Aggregate Year-to-Date ->		750.00	

SUBTOTAL of Receipts This Page (optional)

\$2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 Michael R. Hartman Box 2972, Station A Champaign, IL 61825-2972 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer JSM Apartments	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner	Aggregate Year-to-Date -> 2,000.00	
B. Full Name, Mailing Address and Zip Code Peter Schmit P.O. Box 6417 2008 O'Donnell Champaign, IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Grandy's Restaurants	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Owner	Aggregate Year-to-Date -> 350.00	
C. Full Name, Mailing Address and Zip Code Robert Reed 387 East State Route 54 Champaign, IL 61825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested	Aggregate Year-to-Date -> 240.00	
D. Full Name, Mailing Address and Zip Code Steve Ayers 32 Foothill Rd. Monticello, IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
	Occupation Farmer	Aggregate Year-to-Date -> 750.00	
E. Full Name, Mailing Address and Zip Code Robert Reardon 4 Northcrest Bloomington, IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired	Aggregate Year-to-Date -> 650.00	
F. Full Name, Mailing Address and Zip Code Jon Batterswhite 1500 N. Bowman Avenue Danville, IL 61832- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00
	Occupation Dentist	Aggregate Year-to-Date -> 500.00	
G. Full Name, Mailing Address and Zip Code James Ayers 114 S Charter Street Monticello, IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Shonkwiler, Ayers & Rhoades	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney	Aggregate Year-to-Date -> 550.00	

SUBTOTAL of Receipts This Page (optional)	\$1,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 9 OF 21
FOR LINE NUMBER 11(a)(1)

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 Robert Runck 701 N. Main Saint Joseph, IL 61873-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed</p> <p>Occupation Day Care Provider</p> <p>Aggregate Year-to-Date -> 1,100.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dale Campbell 1205 Kirkwood Drive Pontiac, IL 61764-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Joanna Schwade 363 Chicago Avenue Kankakee, IL 60901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer City of Kankakee</p> <p>Occupation Alderman</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Leonard Tobey 507 Pilot Drive Herscher, IL 60941-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Tobey Construction</p> <p>Occupation Contractor</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gary Huisinga 8 Grandview Drive Monticello, IL 61856-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Heath Inc.</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Richard Owen 1700 Morrissey Drive Bloomington, IL 61704-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Owen Nursery</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Richard Owen 1700 Morrissey Drive Bloomington, IL 61704-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Owen Nursery</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Doug Seimer 5944 E 2300 North Road Fithian, IL 61844-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 220.00</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Receipt this Period 20.00</p>
<p>B. Full Name, Mailing Address and Zip Code James Turner 3407 Bennelcreek Place Champaign, IL 61822-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 450.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p>C. Full Name, Mailing Address and Zip Code Thomas Bruno 301 West Green Urbana, IL 61801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 450.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Patrick Dorsey 1918 Maynard Dr. Champaign, IL 61822-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Petry Kuhne</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/22/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Dr. Jeffery Jones RR 1, 60 Wesley Downs, IL 61736-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> 1,250.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Dorothy Collins 503 McGee Road Urbana, IL 61802-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 650.00</p>	<p>Date (month, day, year) 10/25/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and Zip Code William Kuhne 907 S. McKinley Champaign, IL 61821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Petry Kuhne</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 750.00</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,120.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Jon Glick PO Box 853 1005 Marshall Street Paris, IL 61944-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Indiana State University</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Joe Warner 12 Kent Drive Normal, IL 61761-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Heritage Care</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 750.00</p>	<p>Date (month, day, year) 11/09/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert J. Weinstein 875 N Michigan Ave Ste 2930 Chicago, IL 60611-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Hopkins & Sutter</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code George T. Timmons PO Box 230 De Land, IL 61839-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 860.00</p>
<p>E. Full Name, Mailing Address and Zip Code George Shapland 3 Greencroft Champaign, IL 61821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Shapland Management</p> <p>Occupation Real Estate</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Samuel Petersheim, Jr. 405 E. Park Arthur, IL 61911-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Custom Marble</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Robert Morgan PO Box 877 Paris, IL 61944-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Manufacturing</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5,110.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Maurice Mandenhall 132 W. Lawrence Mahomet, IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Charter Oak Partners	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
	Occupation Commercial Realtor	Aggregate Year-to-Date -> 450.00	
B. Full Name, Mailing Address and Zip Code Ronald Hunt 212 E. 31st Villa Grove, IL 61956- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired	Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code David Cole 306 Floral Park Drive Savoy, IL 61874- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date -> 1,250.00	
D. Full Name, Mailing Address and Zip Code John Meyer, Sr. 400 W. Raymond Street Danville, IL 61832- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney	Aggregate Year-to-Date -> 300.00	
E. Full Name, Mailing Address and Zip Code Jeffrey Kurtz PO Box 218 Royal, IL 61871- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Greerbridge Group	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Broker	Aggregate Year-to-Date -> 250.00	
F. Full Name, Mailing Address and Zip Code Mindy Garth 4305 Doverbrook Court Champaign, IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ryle & Co.	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00
	Occupation VP	Aggregate Year-to-Date -> 750.00	
G. Full Name, Mailing Address and Zip Code David Chicoine 3101 Stoneybrook Champaign, IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer U of I	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00
	Occupation Professor	Aggregate Year-to-Date -> 250.00	

SUBTOTAL of Receipts This Page (optional)

\$1,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Brad Kent 2106 Sugarbush Lane Champaign, IL 61822-	Name of Employer Black and Company Occupation Executive VP	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
B. Full Name, Mailing Address and Zip Code Karen Dukeman PO Box 64 Atwood, IL 61913-	Name of Employer Tuscola Factory Stores Occupation Commercial Realtor	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
C. Full Name, Mailing Address and Zip Code Karen Miller 701 Devonshire Dr., Ste. B14 Champaign, IL 61820-	Name of Employer Karen Miller Appraisal Agency Occupation Real Estate Appraiser	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Roland Kelley 75 Yotsonot Bloomington, IL 61704-	Name of Employer Bank One Occupation Information Requested	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
E. Full Name, Mailing Address and Zip Code Paula Jacobi 2451 Girard Turn Kankakee, IL 60901-	Name of Employer Provena St. Mary's Occupation CEO	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code John Gana 3 Hettinger Court Monticello, IL 61856-	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
G. Full Name, Mailing Address and Zip Code John Schaefer 201 Prairie Lane Monticello, IL 61856-	Name of Employer First State Bank Of Monticello Occupation Banker	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Joe Pander PO Box 259 Hammond, IL 61929-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Randy Keith 5 Hettinger Court Monticello, IL 61856-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and Zip Code Levonne Brunner 4001 E. Washington Street Urbana, IL 61802-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Walter Charlton 1 Dearborn Square Kankakee, IL 60901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Patricia Daley 9571 Lagersfield Circle Vienna, VA 22181-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code James Wade 7 Millikin Place Decatur, IL 62522-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jessie Bwing 457 Macon Mahomet, IL 61853-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested U.S. Postal Service</p> <p>Occupation Clerk</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
James Edwards PO Box 94 Weldon, IL 61882-0094	Retired	10/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
J.B. Miller 2906 Station A Champaign, IL 61825-2960	Information Requested	10/24/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
John Frega 55 Kimbark Riverside, IL 60546-	Frega Associates Architect	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
George Ryan, Jr. 719 N. Convent Bourbonnais, IL 60914-	Insurance	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Joseph Franco 555 W. Court ST. Suite 300 Kankakee, IL 60901-	Medical Center Labs Med Lab Director	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Dennie Nardoni 2375 Cliff Bradley, IL 60915-	Farmer	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Harry Fitzgerald P.O. Box 55 Bourbonnais, IL 60914-	Fitzgerald Enterprises Owner	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

54,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such reports and statements may not be sold or used by any person for the purpose of collecting 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 Doyle Wiste 115 Cumberland Road Glendale, CA 91202-	Name of Employer Information Requested	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 325.00
	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 325.00		
B. Full Name, Mailing Address and Zip Code Doyle Wiste 115 Cumberland Road Glendale, CA 91202-	Name of Employer Information Requested	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 325.00
	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 650.00		
C. Full Name, Mailing Address and Zip Code Gerald Sealman 1714 Victoria Way San Marcos, CA 92069-	Name of Employer Information Requested	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Ira Collins 980 N. Main Kankakee, IL 60901-	Name of Employer State of Illinois	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
	Occupation Shapiro Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
E. Full Name, Mailing Address and Zip Code Donna Kaner Socol 555 W. Belden Chicago, IL 60614-	Name of Employer Gessler, Hughes & Socol	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code Susan Resnik 175 E. Delaware Pl. Apt. 6407 Chicago, IL 60611-	Name of Employer Information Requested	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Mary Jacobs Skinner 1 Bank One Plaza Chicago, IL 60603-	Name of Employer Sidley & Austin	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$3,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (d) 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
Michael Goodkind 1616 N. Hudson St. Chicago, IL 60614-	Alfred Benesch Occupation Engineer	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berry Maram 3515 N Janesen Chicago, IL 60657-	Fotey & Lardner Occupation Consultant	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stan Kusper, Jr. 30 W. LaSalle Suite 3400 Chicago, IL 60602-	Kusper & Raucchi Occupation Partner	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dailey 51 Florentina Rancho Mirage, CA 92270-	Information Requested Occupation Business Consultant	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Hurtgen Birch Lake Laona, WI 54541-	Information Requested Occupation Information Requested	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Hefter 3227 Greenleaf Ave. Wilmette, IL 60091-	Information Requested Occupation Owner-Engineering Firm	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Upchurch 109 Wabash Ave. Mattson, IL 61938-	Upchurch & Associates Occupation President	10/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 21
FOR LINE NUMBER 11(a) (i)

Any information copied from each Report and Statement 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 Stuart Levine 875 N. Michigan Ave., Ste. 2930 Chicago, IL 60611- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hopkins & Sutter Occupation Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Mark Christoff 220 N. Vermilion Danville, IL 61832- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Attorney Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code William Atwood 300 N. State Street Apt. 3007 Chicago, IL 60610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Midwest Managed Money Occupation Marketing Consultant Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Habeeb Habeeb 1503 Curtiss Drive Urbana, IL 61802- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Consultant Aggregate Year-to-Date -> 400.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and Zip Code Kevin Kauffman 703 Pleasant Run Road Tuscola, IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code John Mast E Route 133 PO Box 67 Arcola, IL 61910- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Dawn Curry 121 N. CR 550 E Arcola, IL 61910- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

\$4,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on 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

<p>A. Full Name, Mailing Address and Zip Code Adlai Mast 706 S. Elm Street Arcola, IL 61910-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer J & M</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Floyd Yoder 385 Hwy 133 B Arthur, IL 61911-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Jon Khachaturian 2745 Mt. Laurel Drive Gretna, LA 70056-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Herbert Kaiser, Jr. 315 S. Buchanan Monticello, IL 61856-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Trebellas 803 Dodds Drive Champaign, IL 61820-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Pepsi</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Mrs. Marion Wells 600 Sagamore Road Fort Lauderdale, FL 33301-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Timothy Smith 1831 Hartley Drive Algonquin, IL 60102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Midwest Public Affairs Group</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 20 OF 21
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Scott McPherson 515 N. Noble No. 604 Chicago, IL 60622-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Steve Auditors 401 W. Winter Avenue Danville, IL 61832-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,250.00</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Steve Auditors 401 W. Winter Avenue Danville, IL 61832-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code Larry Cramer Fairview Farm Sidell, IL 61575-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Janet Pope 1806 Maynard Drive Champaign, IL 61821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/02/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Merlin Karlock Bourbonnais, IL 60914-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Business</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/02/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code R.K. Prasad Sunkara 1908 Trout Valley Champaign, IL 61821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/02/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code Sherry Newton 1306 Kimela Drive Mahomet, IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 250.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Alan Ryle 8 Dunlap Court Savoy, IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 250.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Mary Kay Hirsbrunner 8 Crabtree Court RR 1, Box 5A Farmer City, IL 61842- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code W. Edward Webb 321 North Clark Street, Suite 3400 Chicago, IL 60610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Gloria Lynch 339 East Mulberry Street Watseka, IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$2,250.00

TOTAL This Period (last page this line number only)

\$69,414.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Kankakee Republican Committee P.O. Box 2221 Kankakee, IL 60901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Illinois Republican Party PO Box 78 Springfield, IL 62705-0078</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 -> 2,500.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input 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) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	\$3,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Term Limits America PAC Rt. 2, Box 431 Scottsville, VA 24590-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 6,000.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Montgomery Watson Americas PAC 819 7th Street, NW Washington, DC 20001-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 11/04/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ameren PAC 607 E. Adams Street Springfield, IL 62739-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Citizens for Turner PO Box 402 Lincoln, IL 62656-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 820.00</p>	<p>Date (month, day, year) 10/24/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code ATLA PAC 1050 31st Street, NW Washington, DC 20007-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 5,000.00</p>	<p>Date (month, day, year) 11/22/2000</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Glaxo Wellcome PAC Five Moore Drive Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 3,000.00</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code PricewaterhouseCoopers PAC 1900 K Street, NW Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 10/19/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$11,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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 politician committed to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Caterpillar Employees PAC 100 NS Adams Street Peoria, IL 61629-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/30/2000	
	Aggregate Year-to-Date -> 3,500.00		
<p>B. Full Name, Mailing Address and Zip Code RJR PAC 1455 Pennsylvania Avenue, NW Suite 925 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,500.00
	Occupation	10/24/2000	
	Aggregate Year-to-Date -> 3,000.00		
<p>C. Full Name, Mailing Address and Zip Code House PAC 2700 Sanders Road Prospect Heights, IL 60070-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/24/2000	
	Aggregate Year-to-Date -> 1,500.00		
<p>D. Full Name, Mailing Address and Zip Code A.B. Staley PAC 2200 E. Eldorado Decatur, IL 62521-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 4,000.00
	Occupation	10/31/2000	
	Aggregate Year-to-Date -> 5,000.00		
<p>E. Full Name, Mailing Address and Zip Code American Optometric PAC 1505 Prince St. Alexandria, VA 22314-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	11/16/2000	
	Aggregate Year-to-Date -> 3,500.00		
<p>F. Full Name, Mailing Address and Zip Code Cigna PAC 1650 Market Street Philadelphia, PA 19102-1570</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	10/28/2000	
	Aggregate Year-to-Date -> 2,000.00		
<p>G. Full Name, Mailing Address and Zip Code Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 3,000.00
	Occupation	10/30/2000	
	Aggregate Year-to-Date -> 4,000.00		

SUBTOTAL of Receipts This Page (optional)

\$12,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ACA PAC 1701 Clarendon Blvd. Arlington, VA 22209-		10/22/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 3,000.00	
B. Full Name, Mailing Address and Zip Code American Success PAC 1155 21st Street, N.W. Ste. 300 Washington, DC 20036-		10/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 2,000.00	
C. Full Name, Mailing Address and Zip Code Committee to Re-elect Duncan Hunter 9340 Fuerte Drive Suite 302 La Mesa, CA 91941-4164		10/19/2000	310.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Radio Advertising	Aggregate Year-to-Date -> 310.00	IN-KIND
D. Full Name, Mailing Address and Zip Code General Electric PAC 1299 Pennsylvania Avenue, NW Suite 1100 Washington, DC 20004-2407		10/24/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code Nalco Chemical PAC One Nalco Center Naperville, IL 60563-		10/24/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 500.00	
F. Full Name, Mailing Address and Zip Code Black America's PAC 2029 E Street, NW Suite 202 Washington, DC 20036-		10/23/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code National Restaurant Association PAC 1200 Seventeenth Street, NW Washington, DC 20036-3097		10/24/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,810.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name, Mailing Address and Zip Code National Restaurant Association PAC 1200 Seventeenth Street, NW Washington, DC 20036-3097 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 2,000.00	
B. Full Name, Mailing Address and Zip Code Parsons Brinckerhoff PAC One Penn Plaza New York, NY 10119- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00	
C. Full Name, Mailing Address and Zip Code Hopkins & Sutter Fund PAC Three First National Plaza Chicago, IL 60602- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00	
D. Full Name, Mailing Address and Zip Code Pfizer PAC 235 East 42nd Street New York, NY 10017- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Aggregate Year-to-Date -> 500.00	
E. Full Name, Mailing Address and Zip Code American Dental PAC 1111 14th Street, NW Suite 1100 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code Servicemaster Company PAC One Servicemaster PAC Downers Grove, IL 60515-1700 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code New American Century PAC 1155 21st Street, NW Suite 300 Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 11(c)

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 Manufactured Housing Institute PAC 2101 Wilson Boulevard Suite 610 Arlington, VA 22201-3062</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Aggregate Year-to-Date -> 2,000.00</p>			
<p>B. Full Name, Mailing Address and Zip Code ARN-Nursery Industry PAC 1250 I Street, NW Suite 500 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-Date -> 500.00</p>			
<p>C. Full Name, Mailing Address and Zip Code Eli Lilly PAC 555 Twelfth Street, NW Suite 650 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>D. Full Name, Mailing Address and Zip Code Americans for Law & Liberty PAC PO Box 1984 Fort Smith, AR 72902-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>E. Full Name, Mailing Address and Zip Code Walgreen Co. PAC 200 Wilnot Road M.S. #2255 Deerfield, IL 60015-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			
<p>F. Full Name, Mailing Address and Zip Code Newport News Shipbuilding PAC 801 Pennsylvania Avenue, NW Suite 350 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Aggregate Year-to-Date -> 2,000.00</p>			
<p>G. Full Name, Mailing Address and Zip Code Motorola Civic Action Campaign Fund PAC 1350 I Street, NW Suite 400 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Aggregate Year-to-Date -> 1,000.00</p>			

SUBTOTAL of Receipts This Page (optional)

\$8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 9
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Rain and Hail Insurance Society PAC 1501 50th Street Suite 200 West Des Moines, IA 50266-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/01/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Illinois Pork PAC 6411 South 6th Street Frontage Road, East Springfield, IL 62707-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/01/2000</p> <p>Aggregate Year-to-Date -> 125.00</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>C. Full Name, Mailing Address and Zip Code Dave Camp for Congress 5915 Eastman Avenue, Suite 100 Midland, MI 48640-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/01/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Citizens For Corrine Wood 111 West Washington Suite 1850 Chicago, IL 60602-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/01/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code American Resort Development PAC 1220 L Street, Suite 500 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/02/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Kerns for Congress Committee PO Box 87 Rosedale, IN 47874-0087</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/03/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code National City PAC 1900 East Ninth Street Cleveland, OH 44114-3484</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/04/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$6,125.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code KPMG PAC PO Box 18254 Washington, DC 20036-9998</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/04/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Freedom Project PAC PO Box 507 West Chester, OH 45069-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/04/2000 5,000.00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Real Estate Investment Trusts PAC 1875 I Street, NW Suite 500 Washington, DC 20006-5413</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/04/2000 2,500.00</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Kay Granger Campaign 910 Houston Street Suite 105C Fort Worth, TX 76102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code PECO PAC 2301 Market Street PO Box 8699 Philadelphia, PA 19101-8699</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Allstate Insurance PAC 888 16th Street, NW Suite 700 Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Central Soya PAC 1300 Fort Wayne National Bank Building Fort Wayne, IN 46802-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/06/2000 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

\$11,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name, Mailing Address and Zip Code Nat. Assoc. of Mortgage Brokers PAC 8201 Greensboro Drive Suite 300 Mc Lean, VA 22102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/06/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code American Health Care Association PAC 1201 L Street, NW Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Health Care Association PAC 1201 L Street, NW Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code HCR Manor Care PAC 333 N. Summit Street PO Box 10086 Toledo, OH 43699-0086</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Food Distributors VIF PAC 201 Park Washington Court Falls Church, VA 22046-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/09/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Committee to Elect David Wirsing PO Box 303 Sycamore, IL 60178-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/09/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 11/09/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Farm Credit PAC 50 F Street, NW Suite 900 Washington, DC 20001-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 11/22/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$69,165.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strategic Marketing 2602 1/2 N Mattis Avenue Champaign, IL 61822-	Mailing Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	17,950.00
AT&T Cable 303 E. Fairlawn Urbana, IL 61801-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/20/2000	39.92
Brian Knox Sound & L 117 East University Avenue Champaign, IL 61820-	Fund-raising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	300.00
Joe Leventhal 115 D Street, SE Washington, DC 20003-	Services/Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/2000	2,400.00
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/09/2000	13.52
Daily Leader 318 N Main Pontiac, IL 61764-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	243.00
Larry Curtis 2914 Southwood Drive Champaign, IL 61821	Reimbursement/Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	561.00

SUBTOTAL of Disbursements This Page (optional)	\$21,507.44
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Quill Corporation P.O. Box 94081 Palatine, IL 60094-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	364.71
Dreamscape Design 1 Henson Place Champaign, IL 61820-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	4,575.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	75,000.00
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)	11/02/2000	996.71
Staples 2005 N. Prospect Champaign, IL 61821-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	99.14
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)	10/26/2000	207.95
University of Illinois Urbana, IL 61802-	Tickets/Sporting Events Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/2000	262.00

SUBTOTAL of Disbursements This Page (optional)	\$81,505.51
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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)	11/13/2000	35.00
Bloomington Postgraph 301 W. Washington Bloomington, IL 61701-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	1,518.47
Lorinda Johnson 36008 State Rt. 49 Rankin, IL 60950-	Reimbursement/Parade supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	290.70
Mark Shelden 306 Briar Lane Champaign, IL 61820	Reimbursement/Airline tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	366.00
Rachael Leman 3303 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	867.73
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)	11/21/2000	144.55
Quill Corporation P.O. Box 94081 Palatine, IL 60094-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	178.75

SUBTOTAL of Disbursements This Page (optional)	\$3,401.20
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Johnson 642 N Sangamon Gibson City, IL 60936-	Reimbursement/Travel, Fund-raising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	2,096.25
Rantoul Press 1332 E. Haddon Rantoul, IL 61866-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	434.23
Joe Sprengard 1216 Lancaster Champaign, IL 61822-	Services/Volunteer Coordinator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	552.48
Joe Leventhal 115 D Street, SE Washington, DC 20003-	Reimbursement/Cellular phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/2000	168.84
Keelen Communications PO Box 2776 Arlington, VA 22202-	Fund-raising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	11,726.00
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	6,000.00
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	917.10

SUBTOTAL of Disbursements This Page (optional)	\$21,894.90
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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Duncan Hunter 9340 Fuerte Drive Suite 302 La Mesa, CA 91941-4164	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	310.00 IN KIND
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Service/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/2000	591.10
Wirthlin Worldwide 1363 Beverly Road Mc Lean, VA 22101-	Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	5,000.00
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	917.10
News Gazette 15 Main Street Champaign, IL 61820-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	552.42
Melissa Huffman 1322 Mossman Springfield, IL 62702-	Reimbursement/Travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/2000	65.42
Wilson Grand 429 N. 9street Asaph Alexandria, VA 22314-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	292.18

SUBTOTAL of Disbursements This Page (optional)

\$7,728.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strategic Marketing 2602 1/2 N Mattis Avenue Champaign, IL 61822-	Mailing Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	6,028.00
Matt Bisbee 639 St. Andrews Circle Rantoul, IL 61866-	Services/Press Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/2000	917.10
Bill Kempiners 404 Missionary Ridge Drive Springfield, IL 62707-8285	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/06/2000	15.00 IN KIND
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):	10/20/2000	241.05
Minuteman Press 1407 S. Neil Street Champaign, IL 61820-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/2000	262.00
Kankakee Daily Journ 8 Deerborn Square Kankakee, IL 60901-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/2000	380.08
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/2000	591.10

SUBTOTAL of Disbursements This Page (optional)	\$8,434.33
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign Products Plus 925 W. Adams Taylorville, IL 62568-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	202.00
Mahomet Citizen 427 E. Main Mahomet, IL 61853-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	108.00
Danville Boat Club Full Name, Mailing Address and Zip Code	Fund-raising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	573.25
Gulaski & Webb 207 W Jefferson Chicago, IL 60701-	Accounting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	1,781.16
McLeod USA 2302 Fox Dr Champaign, IL 61820-	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	1,357.95
Rachael Leman 3303 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/2000	867.73
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	225.37

SUBTOTAL of Disbursements This Page (optional)	\$5,115.46
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 8 OF 12
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PDQ Printing 1802 N Lincoln Urbana, IL 61801-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/2000	490.21
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/2000	13.52
Joe Sprengard 1216 Lancaster Champaign, IL 61822-	Services/Volunteer Coordinator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/09/2000	552.48
Mark Sheldon 306 Brier Lane Champaign, IL 61820	Reimbursement/Airline Ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/20/2000	334.00
L. F. Welch 2241 Vawter Urbana, IL 61801	Reimbursement/Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/20/2000	389.23
University Club of C	Fund-raising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/15/2000	1,085.90
Dreamscape Design 1 Henson Place Champaign, IL 61820-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/2000	6,670.00

SUBTOTAL of Disbursements This Page (optional)

\$9,536.34

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/2000	15.00
Bank Illinois 100 W. University Avenue Champaign, IL 61820-	Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/2000	15.00
State of Illinois	Reimbursement/Phone Calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/20/2000	100.00
Rachael Leman 3303 Summerview Champaign, IL 61822-	Services/Finance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	867.73
Joan Dykstra 311 Church Street Savoy, IL 61874-	Services/Campaign Manager Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/12/2000	15,651.25
Groundswell Direct P.O. Box 218 Albert City, IA 50510-	GOV expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	11,000.00
Fasprint 33 E. Green Champaign, IL 61820-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	333.19

SUBTOTAL of Disbursements This Page (optional)	\$27,982.17
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples 2005 N. Prospect Champaign, IL 61821-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	6.84
Federal Express 2001 Federal Way Urbana, IL 61801-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/2000	13.26
Independent News 302 Mill Street Suite 101 Georgetown, IL 61846-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/2000	197.63
Melissa Hoffman 1322 Mossman Springfield, IL 62702-	Reimbursement/Travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/2000	106.19
Kevin Johnson 3608 State Route 9 Rankin, IL 60960-	Services/Assistant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	591.10
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):	10/26/2000	495.00
Back Illinois 100 W. University Avenue Champaign, IL 61820-	Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/27/2000	15.00

SUBTOTAL of Disbursements This Page (optional)	\$1,425.02
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nextel PO Box 5188 Carol Stream, IL 60197-5188	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/2000	163.29
Clinton Daily Journal Rt 54 West Clinton, IL 61727-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/2000	220.00
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)	10/25/2000	1,264.80
Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	9,847.25
Staples 2005 N. Prospect Champaign, IL 61821-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/2000	44.66
Kathy Michael 110 Diane Lane PO Box 184 Lexington, IL 61753-	Reimbursement/Cellular phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	309.27
John Morris 1209 North High Paris, IL 61944	Reimbursement/Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	268.07

SUBTOTAL of Disbursements This Page (optional)	\$12,117.34
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 12 OF 12
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Annette Martin 1502 Golfview Drive Rantoul, IL 61866-	Reimbursement/Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	11/01/2000	290.00
Minuteman Press 1407 S. Neil Street Champaign, IL 61820-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	11/01/2000	2,542.88

SUBTOTAL of Disbursements This Page (optional)	\$2,832.88
TOTAL This Period (last page this line number only)	\$203,480.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R.O. Grant 1209 Garden Lane Champaign, IL 61820-	Excessive Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/2000	100.00
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$100.00
TOTAL This Period (last page this line number only)	\$100.00

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source Bank Illinois 100 W. University Avenue Champaign, IL 61820- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$100,000.00	Cumulative Payment to Date \$0.00	Balance Outstanding at Close of This Period \$100,000.00
Term: <u>date incurred</u> 02/18/2000 <u>Date Due</u> 02/01/2001 <u>Interest Rate</u> 8.50 % (year) <u>Secured</u> YES			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and Zip Code Timothy Johnson 2151 County Road 1100N Sidney, IL 61877-	Name of Employer Information Requested	[REDACTED]	
	Occupation Attorney		
	Original Guaranteed Outstanding: \$50,000.00		

SUBTOTAL This Period This Page (optional)	\$100,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana, IL 61801- Electronic: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$50,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding as Close of This Period \$50,000.00
Terms: Date Incurred <u>01/24/2000</u> Date Due <u>12/10/2000</u> Interest Rate <u>8.50</u> % (apr) Secured <u>YES</u>			
List All Endorsers or Guarantors (if any) to Line A			
Full Name, Mailing Address and zip code Timothy V. Johnson 2151 County Road 1100 N Sidney, IL 61877-	Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney Amount GUARANTEED Outstanding: \$100.00000		

SUBTOTAL This Period This Page (optional)	\$50,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source Bussey Bank 201 W. Main Urbana, IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original Amount of Loan \$90,000.00	Cumulative Payments To Date \$0.00	Balance Outstanding at Close of This Period \$90,000.00
Terms: Date Incurred <u>03/02/2000</u> Date Due <u>12/13/2000</u> Interest Rate <u>8.50</u> % (per) Secured <u>YES</u>			
List All Endorsers or Guarantors (if any) to Item A			
Full Name, Mailing Address and ZIP Code Timothy Johnson 2151 County Road 1100N Sidney, IL 61877-	Name of Employer Information Requested	[REDACTED]	
	Occupation Attorney		
	Amount Guaranteed Outstanding: \$90,000.00		

SUBTOTAL This Period This Page (optional)	\$90,000.00
TOTAL This Period (last page this line number only)	

NAME OF COMMITTEE (in Full) Friends of Tim Johnson			
A. Full Name, Mailing Address and ZIP Code of Loan Source First State Bank of Monticello 201 West Main Street PO Box 260 Monticello, IL 61856-	Original Amount of Loan \$100,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of this Period \$100,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Term: Date Incurred 10/05/2000 Date Due 10/05/2001 Interest Rate 7.00 % (apr) Secured YES			
List All Endorsements of Subscribers (if any) to Item A			
Full Name, Mailing Address and Zip Code Timothy V. Johnson 21751 CR 1100N Sidney, IL 61877-	Name of Employer Information Requested	[REDACTED]	
	Occupation Information Requested		
	Amount Guaranteed Outstanding \$100.00000		

SUBTOTAL This Period This Page (optional)	\$100,000.00
TOTAL This Period (last page this line number only)	\$340,000.00

DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedules for each numbered line)

NAME OF COMMITTEE (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Tim Johnson				
* Full Name, Mailing Address and Zip Code Bank Illinois 100 W. University Avenue Champaign, IL 61820-	\$2,915.98	\$0.00	\$0.00	2,915.98
Nature of Debt (Purpose) Interest				
* Full Name, Mailing Address and Zip Code Wilson Grand 429 N. Street Asaph Alexandria, VA 22314-	\$0.00	\$16,179.00	\$0.00	16,179.00
Nature of Debt (Purpose) Advertising				
* Full Name, Mailing Address and Zip Code Wirthlin Worldwide 1363 Beverly Road Mc Lean, VA 22101-	\$5,000.00	\$0.00	\$5,000.00	
Nature of Debt (Purpose) Polling				
* Full Name, Mailing Address and Zip Code Ereoscape Design 1 Henson Place Champaign, IL 61820-	\$0.00	\$9,812.53	\$0.00	9,812.53
Nature of Debt (Purpose) Advertising				

1) SUBTOTAL This period this page (optional)	
2) TOTAL This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS (see schedule C (last page only)	
4) ADD (2) and (3) and carry forward to appropriate line of Summary Page/last page only	

DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedules for each numbered line)

NAME OF COMMITTEE (In Full)	Outstanding balance beginning this period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Tim Johnson				
* Full Name, Mailing Address and Zip Code Busey Bank 201 W. Main Urbana, IL 61801-		\$211.79	\$0.00	211.79
Nature of Debt (Purpose) Fee				
* Full Name, Mailing Address and Zip Code Busey Bank 201 W. Main Urbana, IL 61801-	\$429.72	\$6,049.17	\$0.00	6,478.89
Nature of Debt (Purpose) Interest				
* Full Name, Mailing Address and Zip Code Champaign Telephone 1300 S. Neil Champaign, IL 61820-	\$925.00	\$0.00	\$0.00	925.00
Nature of Debt (Purpose) Telephone System				
* Full Name, Mailing Address and Zip Code Keelen Communications PO Box 2776 Arlington, VA 22202-	\$0.00	\$8,196.00	\$0.00	8,196.00
Nature of Debt (Purpose) Fund-raising expense				

1) SUBTOTAL This Period This Page (optional)	
2) TOTAL This Period (Last page this line number only)	\$44,719.19
3) TOTAL OUTSTANDING LOANS (Use schedule C (last page only)	\$340,000.00
4) ADD (Last 3 and carry forward to appropriate line of Summary Worksheet Page only)	\$384,719.19

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 12/8/00
<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	
 CR	 12/8/00
PREPARER	DATE PREPARED