Facsimile Cover Sheet

To: Federal Elections Commission

Company:

Phone:

Fax: 202-219-0174

From: Kayla Arnolts

Company: Illinois Farm Bureau

Phone: 309-557-3554

Fax: 309-557-3729

E-mail: karnolts@ilfb.org

Date: October 20, 2008

Pages including this cover page: 8

Comments:

Thank you,

Kayla Arnolts

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Illinois Agricultural Association Political Involvement Fund (FED) ACTIVATOR

(b) Address (number and street) ☐ check if different than previously reported

1701 Towanda Ave.

(c) City, State and ZIP Code

Bloomington, IL 61701

2. FEC Identification Number

C00193441

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement X New or Amended

4. Covering Period 10 20 2008 through 11 04 2008

5. (a) Date of Public Distribution(s) 10 20 2008 (b) Communication Title Radio advertisements

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: Qualified non-party

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No X

8. Custodian of Records

(a) Name

Kurt Bock

(b) Address (number and street)

1701 Towanda Ave.

(c) City, State and ZIP Code

Bloomington, IL 61701

(d) Name of Employer or Principal Place of Business (e) Occupation

Illinois Agricultural Association

9. Total Donations This Statement , 4,741.42

10. Total Disbursements/Obligations This Statement , 4,741.42

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kevin Semlow

SIGNATURE [signature] DATE 10-20-2008

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

FEC FORM 9 (REV. 12/2007)

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

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SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
WJEZ
Mailing Address of Payee
315 N. Mill St.
City: Pontiac | State: IL | Zip Code: 61764
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 1008.00
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Tim Johnson	[X] House [ ] Senate [ ] President	State: IL District: 15	[ ] Primary [X] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
WKAN
Mailing Address of Payee
70 Meadowview Center
City: Kankakee | State: IL | Zip Code: 60901
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 986.00
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Tim Johnson	[X] House [ ] Senate [ ] President	State: IL District: 15	[ ] Primary [X] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

FE3AN036.PDF FEC FORM 9 (REV. 12/2007)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
WFGA
Mailing Address of Payee
1973 E 1950 N Road
City: Watseka | State: IL | Zip Code: 60970
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 1,008.00
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate: Tim Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 15
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
WROY
Mailing Address of Payee
101 N. Church St.
City: Carmi | State: IL | Zip Code: 62821
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 419.12
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate: Tim Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 15
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
WAKO
Mailing Address of Payee
Rte. 250 E
City: Lawrenceville | State: IL | Zip Code: 62439
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 1,500.00
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate: Tim Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 15
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
WVMC
Mailing Address of Payee
606 N. Market St.
City: Mount Carmel | State: IL | Zip Code: 62863
Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008
Amount: 420.00
Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate: Tim Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 15
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
WTYE

Mailing Address of Payee
Route 33 W

City: Robinson | State: IL | Zip Code: 62454

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 20 2008

Amount: ,400.00

Communication Date: 10 20 2008

Purpose of Disbursement (including title(s) of communication(s))
Radio advertisements

Name of Federal Candidate: Tim Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 15
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 4,741.12
(carry total from last page to Line 10)

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FEC FORM 9 (REV. 12/2007)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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