

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ILLINOIS AGRICULTURAL ASSOCIATION ACTIVATOR POLITICAL INVOLVEMENT FUND (FED) 'ACTIVATOR'/ILLINOIS FARM BUREAU ACTIVATOR'

ADDRESS (number and street) PO Box 1605

(Check if address is changed)

BLOOMINGTON IL 61702-1605
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) tsmith@ilfb.org

Optional Second E-Mail Address
mmosley@ilfb.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.ilfb.org

2. DATE 02 / 14 / 2022

3. FEC IDENTIFICATION NUMBER C C00193441

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer DODDS- TREASURER, ALAN, , ,

Signature of Treasurer DODDS- TREASURER, ALAN, , , [Electronically Filed] Date 02 / 14 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

ILLINOIS AGRICULTURAL ASSOCIATION ACTIVATOR POLITICAL INVOLVEMENT FUND (FED) 'ACTIVATOR'/ILLINOIS FARM BUREAU ACTIVATOR'

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

ILLINOIS AGRICULTURAL ASSN

Mailing Address 1701 TOWANDA AVE
 PO BOX 2901
 BLOOMINGTON IL 61702-2901
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Smith, Tim, , ,
 Mailing Address 1701 Towanda Ave
 PO Box 2901
 Bloomington IL 61702-2901
 CITY STATE ZIP CODE
 Assistant Controller Telephone number 309 - 557 - 2488

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DODDS- TREASURER, ALAN, , ,
 Mailing Address 1701 N TOWANDA AVE
 BLOOMINGTON IL 61702
 CITY STATE ZIP CODE
 Title or Position VP-Finance & Treas Telephone number 309 - 557 - 2213

Full Name of Designated Agent: Semlow, Kevin, , ,
Mailing Address: 9254 Waylon Ct
Bloomington IL 61705-5203
CITY STATE ZIP CODE
Title or Position: Dir of State Legis
Telephone number: 309 - 557 - 2308

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address: 120 N Center
Bloomington IL 61701
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address: 1000 Walnut Street
Kansas City MO 64106-4941
CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Smith, Tim, , ,
Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲