Only

STATEMENT OF

PAGE 1/9

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MIKE BOST FOR CONGRESS COMMITTEE PO BOX 1212 ADDRESS (number and street) (Check if address is changed) **MURPHYSBORO** 62966 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address MIKEBOST@PDSCOMPLIANCE.COM is changed) Optional Second E-Mail Address DEBPITTMAN1115@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) HTTP://BOSTFORCONGRESS.COM (Check if address is changed) DATE 2023 C00546499 FEC IDENTIFICATION NUMBER > 3. X 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 PITTMAN, DEBORAH, K,, PITTMAN, DEBORAH, K., 11 28 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Candidate BOST, MICHAEL, , ,	<u> </u>
Candidate Party Affiliation REP Office Sought: X House Senate President	State IL District 12
(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 Republican,	
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor Or	rganization
Membership Organization Trade Association Cooperation	
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	d 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	.C).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1. C	
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Title or Position ▼

| TREASURER

	FEC Form 1	(Revised 0	2/2009)			Page 3
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	MIKE BO	ST FO	R CONGRESS COMM	IITTEE		
6.	Name of Any Co	onnected O	rganization, Affiliated Committee, Jo	oint Fundraising Rep	resentative, or L	eadership PAC Sponsor
	Bost Victory	Fund				
	Mailing Address		824 S. Milledge Ave.			
			Ste. 101			
			Athens		GA L	30605
			CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship:	Connected	Organization Affiliated Organization	Joint Fundraisir	ng Representative	Leadership PAC Spons
7.	Custodian of Rec		ify by name, address (phone number	optional) and position	of the person in p	ossession of committee
	Full Name	PITTMAN,	DEBORAH, K, ,			
	ruii ivaille		6 PITTMAN LANE			
	Mailing Address					
			MURPHYSBORO			62966
			CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position	•				
	TREASURER			Telephone nu	mber 618	_ 967 _ 7861
8.			d address (phone number optional) assistant treasurer).	of the treasurer of th	e committee; and	I the name and address of
	Full Name of Treasurer	PITTMAN,	DEBORAH, K, ,			
	Mailing Address		6 PITTMAN LANE			
			MUPRHYSBORO		L L	62966
			CITY ▲		STATE ▲	ZIP CODE ▲

618

Telephone number

967

7861

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Morgan, Donald, R., ,	
Mailing Address	217 Robert Morgan Road	
	Murphysboro IL 6296	36
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur	rer Telephone number 618 -	687 - 3762
	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	olds accounts, rents
Name of Bank, D	Depository, etc.	
	MURPHY-WALL STATE BANK AND TRUST	
Mailing Address	105 NORTH WILLIAMS ST	
	PO BOX 129	
	MURPHYSBORO IL 6296	6 -
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	First Southern Bank	
Mailing Address	301 E Main Street	
	Carbondale IL 6290	1
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	Organization, Affiliated Committee, Joint Fund	Iraiaina Panyaaantatiy	o or Londovskip DAC Spon
GT FARM TEAM 20.		Haising Representative	
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	od Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	od Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

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(h). Joint Fundrais	ng raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
WORKFORCE FOR	d Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Joi	oint Fundraising Represent	ative Leadership PAC Spo
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Pesignated Agent: Ident		oint Fundraising Represent	ative Leadership PAC Spo
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Pesignated Agent: Ident Full Name	ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundrais	ing Farticipant.		
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2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
_	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
TRANSPORTATION			
Mailing Address	502 6TH STREET		
	HUDSON	wi	54016
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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

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1			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	C
4.			 , FEC	ID number	C
4.					
Name of Any Connected	l Organization, Af	iliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
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