48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
MIKE BOST FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 1212

CITY	STATE	ZIP CODE
MURPHYSBORO	IL	62966-1212

2. NAME OF CANDIDATE
BOST, MICHAEL, J, ,

3. OFFICE SOUGHT (State and District)
House IL 12

4. FEC IDENTIFICATION NUMBER
C00546499

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME MUNIE, CLARE, , , **MAILING ADDRESS** 1564 TAYLOR RD **CITY** O FALLON **STATE** IL **ZIP CODE** 62269-6969	Name of Employer MUNIE GREENCARE PROFESSIONALS **Transaction ID : 67EC64827ADF34715** Occupation ACCOUNT MANAGER	Date (month, day, year) 11/01/2022	Amount 1000.00
B. FULL NAME AUTOMOTIVE FREE INTERNATIONAL TRADE PAC **MAILING ADDRESS** 1625 PRINCE ST STE 225 **CITY** ALEXANDRIA **STATE** VA **ZIP CODE** 22314-2882	Name of Employer **Transaction ID : 604609375798342C29** Occupation	Date (month, day, year) 11/01/2022	Amount 5000.00
C. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
PITTMAN, DEBBIE, , ,
[Electronically Filed]

DATE
11/02/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)