Only

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STATEMENT OF **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 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MIKEBOST@PDSCOMPLIANCE.COM (Check if address X 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 2022 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. PITTMAN, DEBORAH, K,, Type or Print Name of Treasurer PITTMAN, DEBORAH, K,, [Electronically Filed] 02 18 2022 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Com	
Nam		information below.)  BOST, MICHAEL, , ,	
Cano	didate		
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State
	_		District 12
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

	-		
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W	/rite or Type Committee Name	e	
ľ	MIKE BOST FO	OR CONGRESS COMMITTEE	
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
В	ost Victory Fund		
L			
	Mailing Address	824 S. Milledge Ave.	
	-	Ste. 101	
		Athens GA 3060	05
		CITY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name PITTMAN	, DEBORAH, K, ,	
	Mailing Address	6 PITTMAN LANE	
		MURPHYSBORO IL 6290	66
	Title or Position	CITY STATE	ZIP CODE
	TREASURER	Telephone number 618	-   967   -   7861
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name PITTMAN, of Treasurer	DEBORAH, K, ,	
	Mailing Address	6 PITTMAN LANE	
		MUPRHYSBORO IL 6296	66
	Title or Position	CITY STATE	ZIP CODE
	TREASURER		967 - 7861

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Full Name of Designated Agent	Morgan, Donald, R., ,	
Mailing Addres	217 Robert Morgan Road s	
	Murphysboro IL 62966 CITY STATE Z	ZIP CODE
Title or Position Assistant Trea		887 3762
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.  Depository, etc.  MURPHY-WALL STATE BANK AND TRUST	accounts, rents
Mailing Addres	105 NORTH WILLIAMS ST	
J	PO BOX 129	
	MURPHYSBORO IL 62966	
	CITY STATE 2	ZIP CODE
Name of Bank	, Depository, etc.	
	The Bank of Carbondale	1
Mailing Addres	216 E Main Street	
	Carbondale IL 62901	
	CITY STATE :	ZIP CODE

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

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h). <b>Joint Fundraisir</b>	y Farticipani.								
1.					FEC ID	number	С		
2.					FEC ID	number	С		
3.					FEC ID	number	С		
4.					FEC ID I	number	С		
ame of Any Connected	Organization,	Affiliated Co	mmittee, Joi	nt Fundrais	sing Repre	esentative	e, or Lea	adership PAC	Spon
Mailing Address									
Relationship:		Cl	TY 🛦		9	STATE A		ZIP COL	DE 🛦
	d Organization	_	Committee		undraising F	Representa	ative	Leadership	PAC Sp
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esignated Agent: Identif		_			undraising F	Representa	ative	Leadership	PAC Sp
esignated Agent: Identif		_			undraising F	Representa	ative	Leadership	PAC Sp
esignated Agent: Identif	y by name, add	_	number – op	tional)		Representa		Leadership	
esignated Agent: Identif	y by name, add	Iress (phone	number – op	tional)		Representa			
esignated Agent: Identify Full Name Mailing Address	y by name, add	lress (phone	number – op	tional)		TATE A			
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	y by name, add	city	number – op	tional)	ST phone Num	TATE Anber		ZIP CODE	
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail and the proposition of Bank, epository, etc. People	ries: List all baaintains funds.	city	number – op	tional)	ST phone Num	TATE Anber		ZIP CODE	

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

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5(g) d	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.	FEC	D number	C
	2.	FEC	D number	С
	3.	FEC	D number	С
	4	FEC	D number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising	Representativo	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint Fundrai	sing Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.	Designated Agent: Identify  Full Name  Mailing Address	CITY A	STATE A	ZIP CODE A
8.	Designated Agent: Identify  Full Name	CITY A	STATE A	ZIP CODE A
8.	Designated Agent: Identify  Full Name  Mailing Address	CITY A	STATE A	ZIP CODE A
	Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY   CITY   Telephone  ries: List all banks or other depositories in which the com	STATE A	
	Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, First S	CITY   CITY   Telephone  ries: List all banks or other depositories in which the commintains funds.	STATE A	
	Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telephone  ries: List all banks or other depositories in which the commintains funds.  outhern Bank	STATE A	
9.	Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telephone  ries: List all banks or other depositories in which the commintains funds.  outhern Bank	STATE A	

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

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h). <b>Joint Fundraisin</b>		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
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esignated Agent: Identify  Full Name	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Testies: List all banks or other depositories in which	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address	19547 210th Ave NE	<u> </u>		
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afety deposit boxes or ma	iintains funds.		•	•
anks or Other Deposito	ries: List all banks o	r other depositories in whi	ch the committee deposi	ts funds, holds accounts, rents
			Telephone Number	
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
		phone number – optional)		
Connected	d Organization A	ffiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
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ame of Any Connected	Organization, Affilia	ted Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
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