

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Mike Bost for Congress Committee

ADDRESS (number and street) ▼

PO Box 1212

Check if different than previously reported. (ACC)

Murphysboro

IL

62966-1212

2. **FEC IDENTIFICATION NUMBER** ▼

C C00546499

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IL

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 03 / 18 / 2014 in the State of IL

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

01 / 01 / 2014 through 02 / 26 / 2014

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

Type or Print Name of Treasurer Deborah Pittman

Signature of Treasurer Deborah Pittman

[Electronically Filed]

Date

03 / 06 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mike Bost for Congress Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	43797	184933.92
(b) Total Contribution Refunds (from Line 20(d))	0	1100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	43797	183833.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41272.17	137774.52
(b) Total Offsets to Operating Expenditures (from Line 14)	0	14.9
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	41272.17	137759.62
8. Cash on Hand at Close of Reporting Period (from Line 27)	46074.3	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mike Bost for Congress Committee

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29600	127465.92
(ii) Unitemized.....	1050	17971
(iii) TOTAL of contributions from individuals ▶	30650	145436.92
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	13147	39497
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	43797	184933.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	14.9
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	43797	184948.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41272.17	137774.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	1100
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	1100
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41272.17	138874.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43549.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	43797
25. SUBTOTAL (add Line 23 and Line 24).....	87346.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41272.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46074.3

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Warren L Batts

Mailing Address 219 E Lake Shore Drive
Apt. 11CD

City Chicago State IL Zip Code 60611-1355

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 07 / 2014

Transaction ID : A-CF452

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. Christopher Crane

Mailing Address 2450 Persimmon Drive

City Saint Charles State IL Zip Code 60174-5608

FEC ID number of contributing federal political committee. **C**

Name of Employer Exelon Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : A-CF462

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. James A. Bolinski

Mailing Address 802 Ritter Street
Apt. A

City Pinckneyville State IL Zip Code 62274-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : A-CF469

Amount of Each Receipt this Period
50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Peter G. Fitzgerald

Mailing Address 1445 Laughlin Avenue
A

City State Zip Code
Mc Lean VA 22101-5709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chain Bridge Bank Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : A-CF471

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Richard Porter

Mailing Address 875 Bryant Avenue

City State Zip Code
Winnetka IL 60093-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kirkland and Ellis LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : A-CF473

Amount of Each Receipt this Period
2000

C. Full Name (Last, First, Middle Initial)
Matthew O'Shea

Mailing Address 20541 McGilvray Drive

City State Zip Code
Crest Hill IL 60403-0868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Matthew O'Shea Consulting Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : A-CF484

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Peter Huizenga

Mailing Address 2215 York Road
Suite 500

City Oak Brook State IL Zip Code 60523-4014

FEC ID number of contributing federal political committee. **C**

Name of Employer Huizenga Capital Management Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : A-CF485

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Mr. James A. Bolinski

Mailing Address 802 Ritter Street
Apt. A

City Pinckneyville State IL Zip Code 62274-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : A-CF495

Amount of Each Receipt this Period
 50

C. Full Name (Last, First, Middle Initial)
Mr. Dennis J Kortkamp

Mailing Address PO Box 247

City Murphysboro State IL Zip Code 62966-0247

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : A-CF494

Amount of Each Receipt this Period
 2000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Lori D Longueville

Mailing Address 120 Hawthorn Hollow Road

City State Zip Code
Carbondale IL 62903-7677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
John A Logan College Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
02 / 16 / 2014

Transaction ID : A-CF498

Amount of Each Receipt this Period
750

B. Full Name (Last, First, Middle Initial)
Jeffrey D Daniel

Mailing Address 1844 Elm Street

City State Zip Code
Murphysboro IL 62966-1926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : A-CF510

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Leticia Demattei

Mailing Address 5670 Market Road

City State Zip Code
Marion IL 62959-6338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : A-CF508

Amount of Each Receipt this Period
2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kathleen Kelley

Mailing Address 4454 Giant City Road

City Carbondale State IL Zip Code 62902-8052

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : A-CF505

Amount of Each Receipt this Period
2600

B. Full Name (Last, First, Middle Initial)
Rhonda Kelley

Mailing Address 3807 Giant City Road

City Carbondale State IL Zip Code 62902-7995

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : A-CF509

Amount of Each Receipt this Period
2600

C. Full Name (Last, First, Middle Initial)
Richard Kelley

Mailing Address 4454 Giant City Road

City Carbondale State IL Zip Code 62902-8052

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : A-CF504

Amount of Each Receipt this Period
2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sumera Makhdoom

Mailing Address 1220 Da-Cla-Mar Ct

City: Carbondale State: IL Zip Code: 62901

FEC ID number of contributing federal political committee: C

Name of Employer Information Requested: Occupation Information Requested:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600

Date of Receipt: 02 / 20 / 2014

Transaction ID : A-CF502

Amount of Each Receipt this Period: 2600

B. Full Name (Last, First, Middle Initial)
Zahoor Makhdoom

Mailing Address 1220 Da-Cla-Mar Ct

City: Carbondale State: IL Zip Code: 62901

FEC ID number of contributing federal political committee: C

Name of Employer Information Requested: Occupation Information Requested:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600

Date of Receipt: 02 / 20 / 2014

Transaction ID : A-CF501

Amount of Each Receipt this Period: 2600

C. Full Name (Last, First, Middle Initial)
Edward Simonds

Mailing Address 130 Blueberry Hill Road

City: Cobden State: IL Zip Code: 62920-3438

FEC ID number of contributing federal political committee: C

Name of Employer Information Requested: E.T. Simonds Construction Occupation Information Requested: General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600

Date of Receipt: 02 / 25 / 2014

Transaction ID : A-CF520

Amount of Each Receipt this Period: 2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Margaret Simonds

Mailing Address 130 Blueberry Hill Road

City Cobden State IL Zip Code 62920-3438

FEC ID number of contributing federal political committee. **C**

Name of Employer Illini Asphalt Corporation Occupation Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : A-CF519

Amount of Each Receipt this Period
2600

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

29600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

FEC ID number of contributing federal political committee. **C** C00504522

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2014

Transaction ID : A-CF451

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Citizens for Charlie Meier

Mailing Address 203 S Abby Road

City Okawville State IL Zip Code 62271-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 999

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : A-CF507

Amount of Each Receipt this Period
 899

PERMISSIBLE FUNDS

C. Full Name (Last, First, Middle Initial)
Citizens for Leitch

Mailing Address 301 SW Adams Street Suite M-1

City Peoria State IL Zip Code 61602-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : A-CF506

Amount of Each Receipt this Period
 1000

PERMISSIBLE FUNDS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2899.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Citizens for Darin Lahood
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10043
 City Peoria State IL Zip Code 61612-0043
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : A-CF514
 Amount of Each Receipt this Period
 PERMISSIBLE FUNDS 500

B. Citizens for Hammond
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 694
 City Macomb State IL Zip Code 61455-0694
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 999

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : A-CF516
 Amount of Each Receipt this Period
 PERMISSIBLE FUNDS 499

C. Citizens for Moffitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Knox Highway 17
 City Gilson State IL Zip Code 61436-9554
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 999

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : A-CF512
 Amount of Each Receipt this Period
 PERMISSIBLE FUNDS 999

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

1998.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Citizens for Unes

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8171

City East Peoria State IL Zip Code 61611-8171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : A-CF513

Amount of Each Receipt this Period
1000

PERMISSIBLE FUNDS

B. Friends of Mike Fortner

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 176

City West Chicago State IL Zip Code 60186-0176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : A-CF515

Amount of Each Receipt this Period
250

PERMISSIBLE FUNDS

C. Caterpillar Employees PAC

Full Name (Last, First, Middle Initial)
Mailing Address 100 NE Adams Street

City Peoria State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : A-CF522

Amount of Each Receipt this Period
2000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

A. Full Name (Last, First, Middle Initial)
GOP Generation Y Fund

Mailing Address **PO Box 9055**

City **Peoria** State **IL** Zip Code **61612-9055**

FEC ID number of contributing federal political committee. **C C00448191**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : A-CF523

Amount of Each Receipt this Period
5000

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

13147.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Clearwave Communications		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 2 N Vine Street Floor 3		Amount of Each Disbursement this Period 41.79
City Harrisburg	State IL Zip Code 62946-1561	
Purpose of Disbursement Telephone	Candidate Name	Transaction ID : B-E-445
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Henry Printing Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO Box 2706 975 Charles Rd		Amount of Each Disbursement this Period 900.9
City Carbondale	State IL Zip Code 62902-2706	
Purpose of Disbursement Administrative/Salary/Overhead: Printing	Candidate Name	Transaction ID : B-E-449
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 2470 Daniels Bridge Road Suite 121		Amount of Each Disbursement this Period 1529.44
City Athens	State GA Zip Code 30606-6191	
Purpose of Disbursement Compliance Consulting	Candidate Name	Transaction ID : B-E-448
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2472.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Solid Impressions		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address 1010 W Fullerton Avenue Suite D		Amount of Each Disbursement this Period 1276.43 Transaction ID : B-E-446
City Addison State IL Zip Code 60101-4333	Category/Type 001	
Purpose of Disbursement Direct Mail	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Winning Systems		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address 105 S York Street Floor 5		Amount of Each Disbursement this Period 10000 Transaction ID : B-E-447
City Elmhurst State IL Zip Code 60126-3455	Category/Type 001	
Purpose of Disbursement Fundraising Consulting	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. XPress Professional Services		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address 1301 W 22nd Street Accounting Dept		Amount of Each Disbursement this Period 3000 Transaction ID : B-E-444
City Oak Brook State IL Zip Code 60523-2006	Category/Type 001	
Purpose of Disbursement Administrative/Salary/Overhead: Website	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14276.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-460
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Winning Systems		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address 105 S York Street Floor 5		Amount of Each Disbursement this Period 5000 Transaction ID : B-E-461
City Elmhurst State IL Zip Code 60126-3455	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Capital One		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address PO Box 6492		Amount of Each Disbursement this Period 1600.45 Transaction ID : B-E-438
City Carol Stream State IL Zip Code 60197-6492	Purpose of Disbursement See Memo Entries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	7250.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Rare Chop House		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 224 S 10th Street		Amount of Each Disbursement this Period 667.74
City Mount Vernon	State IL	
Zip Code 62864-4205	Purpose of Disbursement Event Catering	Transaction ID : B-S-30
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Capital One(01/13/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Priceline.com		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period 77.37
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement Travel Expense	Transaction ID : B-S-34
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Capital One(01/13/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address South Illinois Ave.		Amount of Each Disbursement this Period 228
City Carbondale	State IL	
Zip Code 62901	Purpose of Disbursement Travel Expense	Transaction ID : B-S-29
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Capital One(01/13/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Union League Club of Chicago			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 65 W Jackson Boulevard			Amount of Each Disbursement this Period 213.12
City Chicago	State IL	Zip Code 60604-3507	
Purpose of Disbursement Meeting Expense		Category/ Type 001	Transaction ID : B-S-32 [MEMO ITEM] Subitemization of Capital One(01/13/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 144 2nd Street Floor 1			Amount of Each Disbursement this Period 57.5
City San Francisco	State CA	Zip Code 94105-3718	
Purpose of Disbursement CC Transaction Fees		Category/ Type 001	Transaction ID : B-E-489
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Whimsey Photography			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 15 N 13th Street			Amount of Each Disbursement this Period 447.89
City Murphysboro	State IL	Zip Code 62966-2058	
Purpose of Disbursement Photography		Category/ Type 001	Transaction ID : B-E-463
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	505.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Matthew Moberly		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 1061 E Park Street Apt. 27		Amount of Each Disbursement this Period 994.87 Transaction ID : B-E-464
City Carbondale	State IL Zip Code 62901-4031	
Purpose of Disbursement Administrative/Salary/Overhead: Salary		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 115 Transaction ID : B-E-490
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement CC Transaction Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Illinois Department of Employment Security		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 8195 Express Drive		Amount of Each Disbursement this Period 207.5 Transaction ID : B-E-475
City Marion	State IL Zip Code 62959-5816	
Purpose of Disbursement Unemployment Insurance		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1317.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Illinois Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address PO Box 19052		Amount of Each Disbursement this Period 250 Transaction ID : B-E-474
City Springfield	State IL	
Zip Code 62794-9052	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address PO Box 105659		Amount of Each Disbursement this Period 30 Transaction ID : B-E-477
City Atlanta	State GA	
Zip Code 30348-5659	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address PO Box 105659		Amount of Each Disbursement this Period 1157 Transaction ID : B-E-478
City Atlanta	State GA	
Zip Code 30348-5659	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1437.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. SRCP Media		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 201 N Union Street Suite 200		Amount of Each Disbursement this Period 1271.79
City Alexandria	State VA	
Zip Code 22314-2651	Purpose of Disbursement Media Consulting	Transaction ID : B-E-476
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. All Stars N Stitches		Date of Disbursement MM / DD / YYYY 01 / 30 / 2014
Mailing Address 418 E Main Street		Amount of Each Disbursement this Period 2162.95
City Benton	State IL	
Zip Code 62812-2154	Purpose of Disbursement Administrative/Salary/Overhead: Printing	Transaction ID : B-E-481
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Clearwave Communications		Date of Disbursement MM / DD / YYYY 01 / 30 / 2014
Mailing Address 2 N Vine Street Floor 3		Amount of Each Disbursement this Period 82.28
City Harrisburg	State IL	
Zip Code 62946-1561	Purpose of Disbursement Telephone	Transaction ID : B-E-479
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3517.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2470 Daniels Bridge Road Suite 121		Amount of Each Disbursement this Period 1538.64 Transaction ID : B-E-480
City Athens State GA Zip Code 30606-6191	Purpose of Disbursement Compliance Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kimber Beckler		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2400 S 7th Street		Amount of Each Disbursement this Period 2066.5 Transaction ID : B-E-486
City Springfield State IL Zip Code 62703-3431	Purpose of Disbursement Administrative/Salary/Overhead: Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Matthew Moberly		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1061 E Park Street Apt. 27		Amount of Each Disbursement this Period 994.88 Transaction ID : B-E-482
City Carbondale State IL Zip Code 62901-4031	Purpose of Disbursement Administrative/Salary/Overhead: Salary 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4600.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Kimber Beckler		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 2400 S 7th Street		Amount of Each Disbursement this Period 2066.5 Transaction ID : B-E-493
City Springfield	State IL	
Zip Code 62703-3431	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Matthew Moberly		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1061 E Park Street Apt. 27		Amount of Each Disbursement this Period 65.63 Transaction ID : B-E-491
City Carbondale	State IL	
Zip Code 62901-4031	Purpose of Disbursement Mileage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Matthew Moberly		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1061 E Park Street Apt. 27		Amount of Each Disbursement this Period 994.87 Transaction ID : B-E-492
City Carbondale	State IL	
Zip Code 62901-4031	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3127.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Illinois Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO Box 19052		Amount of Each Disbursement this Period 275 Transaction ID : B-E-488
City Springfield	State IL	
Zip Code 62794-9052	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO Box 105659		Amount of Each Disbursement this Period 1589.5 Transaction ID : B-E-487
City Atlanta	State GA	
Zip Code 30348-5659	Purpose of Disbursement Administrative/Salary/Overhead: Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Capital One		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014
Mailing Address PO Box 6492		Amount of Each Disbursement this Period 100.2 Transaction ID : B-E-483
City Carol Stream	State IL	
Zip Code 60197-6492	Purpose of Disbursement Meeting Expense No Itemization	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1964.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Mike Bost for Congress Committee

Full Name (Last, First, Middle Initial) A. Solid Impressions		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 1010 W Fullerton Avenue Suite D		Amount of Each Disbursement this Period 588 Transaction ID : B-E-517
City Addison State IL Zip Code 60101-4333	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Matthew Moberly		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 1061 E Park Street Apt. 27		Amount of Each Disbursement this Period 49.14 Transaction ID : B-E-518
City Carbondale State IL Zip Code 62901-4031	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	637.14
TOTAL This Period (last page this line number only).....	41104.65