HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES FORM B For New Members, Candidates, and New Employees	B es, and New Employees	LEGISLATI WIGHBSOURICE CENTE 2014 MAY 13 PM 3:39	MURCE CENTE
Name: Michael J. Bost Daytime Telephone:		U.S. HOUSE OF REPRESENTATIVE	HE CLERK RESENTATIVE
New Member of or Candidate for State: Illinois U.S. House of Representatives District: Illinois 12 FILER Candidates - Date of Election: 11-4-14	Check if Amendment	(Office Use Only)	
New Officer or Employee Employing Office:	Period Covered: January 1, /i	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	t any
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable assat that was worth more than \$1,000 at the end of the reporting period? b. Make more than \$200 in uneamed income from any reportable asset during the reporting period? E. Did you ho or in the curre	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	×
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Do you have an outside entity?	ny reportable agreements	or arrangements with Yes No	×
D. Did you, your spouse, or your dependent child have any reportable res X no J. Did you rec liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes X No	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (S" O COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THES	VER <u>BOTH</u> OF THESE	QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. This report details of such a trust that benefits you, your spouse, or dependent child?	! =	ave you excluded from Yes No X	
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child becatests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	spouse or dependent child becaus	use they meet all three Yes No X	[]

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Michael J. Bost

Page 2 of 7

				SP		•	3 K	SS,0 of more proving that it is a state of the state of t	₹	ğ ğ	8 8	identify production processes income		
Clolox	-Ameren	Polar		Putman	1	Examples		To chank and other ceats accou- all interest-bearing accounts. St. 2001, list owery financial insome than \$1,000 in interest be proved to a complete address remains properly. and a city and remain properly, and a city and remain properly, and a city and remain properly, and a city and remain properly. The can completely braded, it also people to the cause of it people to the cause of its people to th	bcoouni that ext	all IRAs and K) plans) provid	Provide complete names of stoc (do not use only ticker symbols).	Identify (a) each asset held production of income and with excepting \$1,000 at the end of (and (b) any ofter reportable income which generated mo unexamed income during the year	Assets an	
	Corporation	Investments IRA		i	ABC Hedge Fund X	Simon & Schuster	Maga Corp Stock	If the total is over student where there is enting accounts. To description, o.g., state. I state. I st	-	For all RICAs and other retirement plans (such as 401(k) plans) provide the value for each asset held of	ks and mutual funds	for investment or a fair market value the reporting period, asset or source of are then \$200 in ar.	Assets and/or Income Sources	BLOCK A
\rightarrow		ļ	ļ	· 	 	╁-		None 3		l	*Column M is for assets held by your spouse or depender child in which you have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
×	×	<u> </u>	ļ	 		┇	-	\$1,001-\$15,000		ł	3 2	Se val		
$\widehat{-}$	$\stackrel{\frown}{\vdash}$				ļ		_	\$15,001-\$50-000			3 2	water of the control		
			×	<u> ×_</u>	ļ	-	<u>_</u>	\$50,001-\$100,000		l	E 188	- Cap 1	<	
\dashv		-		 		╁	 			i	9 9	20 00 00 00	aiu	
			 	+	×	+	+			1		ning Coo	ğ	BLOCK B
			†···· •	1	1	†-	†			1	2 A	the n	Value of Asset	ã
+			<u> </u>	-	 	+	T	\$1,000,001-\$5,000,000	-	1	8	2 pg 1 mg 2	303	- [
<u></u>				<u> </u>		+		\$5,000,001-\$25,000,000	-	1	ğ	reporting n fair ma erting per income,		- [
		 		:	\vdash	+-	 	\$25,000,001-\$50.000,000	-	1	8	Pent mag		Ì
		-	<u> </u>	Т	Т	Г		Over \$50,000,000	-	1	in par	Pod service		- 1
		í		 		T	†	Spouse/DC Asset over \$1,000,000*	 E	1	ğ.	and is		- 1
		1	_		1	t	+-	NONE			\$ 5			╗
		İ	 	1	+-	+	 ×	DIVIDENDS	-	1	Check "None" if the asset gen recome during the reporting period	Check all columns that apply. Fo that generate sax-defenred incom- 401(s), IRA, 529 accounts, you the "Is-Defenred column, use that rest, and capital gains, relineated, must be disclosed in tox sasets hald in taxable		
		 	 	+-	+	t		RENT	_	1	3 2		_	- 1
		╁	-	_	╁.	+				ł	20.0	2529 E	¥	
			+	1			i—	NTEREST	-	ł			Q	5
		;	ļ	 	-	+	1	CAPITAL GAINS		1	Ording See -	k all columns that apply generate tax-deferred in t), IRA, 529 accounts). "Tax-Deferred" column, est, and capital gas rested, must be disclos- assets held in taxal	ž	вгоск с
		ļ		Į	ļ	1	 	EXCEPTED/BLIND TRUST		1	P	incx gain you	Type of Income	Ϋ́
×	×		×	<u>×</u>	Parineraling Income	Royalbes		TAX-DEFERRED Other Type of income (Specify: a.g., Partnership income or Farm Income)			pernerated od.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(s), IRA, 529 accounts), pour may check the "Isx-Osferred accounts, powers the transferred accounts, and capital gains, even if relinevented, must be disclosed as income for assets held in taxable accounts.	•	
-		-	1	<u> </u>	3 4	1	+-		_	┢	8			\dashv
×	×	┼	×	<u>×</u> .	╄-	+	1	None S1-£200 ==	ł			For assets for which you checked "Tax-On other assets moticate that category of incomod capital gains, even if retirested, accounts, Check "None" if no income was counts. It is for assets held by your spou		ı
			-	-	┼	+	×					m isper		
		╁	┼	 	\vdash	+	╁		l					
-		1	┼	╀	 	×		\$1,001-\$2,500 < \$2,501-\$5,000 <	0	1				ı
		╁		!	×	+^	+	\$5,001-\$15,000 ≤	Current Year	1		Sol Sol		1
-		-	1	1	۱	╁	+	\$15,001-\$50,000 ≦	Ž	ł		net a second		1
		+	+		+	ļ		\$50,001-8100,000	줉	1		gory metri		
		-	+-	1	+	Ť	T	\$100,001-\$1,000,000	۱Ē			our s		
	-	+	+	†	+-	+	+	\$1,000,001-\$5,000,000 ×	1			pour led.	≥	
\vdash		-	+-	+-	+	+	+	Over \$5,000,000	l			ferre earn	JO EL	
	-	+	+		\dagger	1	+-	Spouse/DC income over \$1,000,000°	1	1		dep of the	Ž	Ē
×	×	+	×	×	+	1	T	None -	۲	1		ferred* in Block C. y the by checking the ap must be disclosed earned or generated. se or dependent child	nount of Income	BLOCK D
	<u> </u>	+	+	†	\dagger	+	+	\$1-\$200	1	1		ELOSE CLOSE	nce	٠,
		1	T	1-	1-	1	×	\$201-\$1,000	1	1		ad abyour	Ě	
		1	†		1	,	-	\$1,001-\$2,500	ļ,	1		opria opria	•	
				†	ĺ	i	İ	\$2,501-\$5,000 <		1		For assets for which you checked "Tax-Deferred" in Block C. you may check the "Norse" column, other essets indicate the category of income by checking the appropriate box below. Dividends, i and capital gains, even if retirested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
						.>		\$5,001-\$15,000 S	eceding	1		hack the "N box below me for ass		
					×	I		\$16,001-\$50,000 ≨	F			6 16		
						Ξ	1	\$50,001-\$100,000 ≦	į			None assets no inte		1
		L.				Ι		\$100,001-\$1,000,000 R]	1		one" column. For all Dividencia, interest, ets held in taxable interest.		
_						1		\$1,000,001-\$5,000.000 ×		1		E CONTRACTOR		1
				7	1				1	1		. =		
						1		Over \$5,000,000 🗠	1			Tax of		

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Michael J. Bost

Page 3 of

$\top \top$	<u> </u>	T	T					S						두롱홍			
					Pinckneyville, IL	First Bank & Trust	First Bank & Trust	Murphysboko Trust	Murphysboro, it	Murphysboro LL Home			Norfolk Southern	ASSET NAME EF		Assets and/or Income Sources	BLOCK A
-	_				-					1					None >	T	_
													1		\$1-\$1,000 00		
					×	×		×	×						\$1,001-\$15,000	1	
	_	1	┪┈┄	1	7		×	_					×		\$15,001-\$50,000	1	
- 	-		1	† -	:		_						 		\$50,001-\$100,000 m	1 <	:
	_	+-	†		†				i	×			 		\$100,001-\$250,000	1 🖁	
	-	1	1	1											\$250,001-\$500,000	1 §	BLOCKB
	-+ :	† '	†	†	1		* * * * * * * * * * * * * * * * * * * *			1			T-		\$600,001-\$1,000,000 ==	Value of Asset	Ä
	-†-	T	\top					_					T		\$1,000,001-\$5,000,000 —		
-+	-		+	+	1			<u> </u>			!	_	-		\$6,000,001-\$25,000,000 -	~	
	_	1	-		•	!	İ			İ	•		!		\$25,000.001-\$50,000.000		
	-			 	ļ		٠.			_	<u> </u>				Over \$50,000,000	_	
	-†-	1	T						-	†	†		1		Spouse/DC Asset over \$1,000,000* =:		
	_		Ì	1	1			Ì				$\overline{}$			NONE	<u> </u>	
	-+-	+	+	+	+					-			+	-	DIVIDENDS	1	
	-+-	+	+	+-	1				-	 -	-		 		RENT	-{	
	-+-	+	-	+	1		-	<u> </u>	 	×	-	_	-	-		- કેં	'
			· -	↓	× .	×_:	×_	<u>×</u>	×	<u> </u>	<u> </u>				WTEREST	- :	8
		1	<u> </u>	ļ	.	ļ	<u> </u>	↓	<u> </u>	ļ	<u> </u>	<u> </u>	↓		Capital Gains	Type of income	BLOCKC
			1	Ĺ		L				<u>l</u> _	<u> </u>				EXCEPTED/BLIND TRUST	Š	ဂ
													<u>×</u>		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	-	
			<u> </u>	ļ		ļ	<u> </u>	<u> </u>			<u> </u>		<u> </u>		Paramap rooms of an account		
			1	<u> </u>			ļ	<u> </u>	ļ	<u> </u>			<u>×</u>		None -		
		4_	1_		<u>×</u>	<u>×</u> _	<u>×</u>	<u>×</u>	Χ.	<u> </u>	ļ				\$1-\$200 -		
\rightarrow		_	 	↓	<u> </u>	<u> </u>	ļ	┞	<u> </u>	ļ			<u> </u>		\$201-\$1,000 ==		
			1		<u> </u>		ļ	ļ	ļ	×	ļ		<u> </u>		\$1,001-\$2,500 ~~		
				ļ	ļ	-	ļ	<u> </u>	<u> </u>	<u> </u>		_	1		\$2,501-\$5,000 <	'	
			<u> </u>	<u> </u>	<u> </u>										35,001-\$15,000 ≤ 6		
		\perp	1		1	<u> </u>	ļ					_	1		\$2,501-\$5,000 < \$\) \$5,001-\$15,000 ≤ \$\) \$15,001-\$50,000 ≦ \$\) \$50,001-\$100,000	3	
		4	<u> </u>	ļ	-		<u> </u>				,		<u> </u>	<u> </u>			
		_		 	ļ	ļ	<u> </u>	<u></u>	ļ	-		_	_		\$100,001-\$1,000,000 R	1 .	
		_	_		<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>		<u> </u>	<u> </u>	_		\$1,000,001-\$5,000,000 ×	≩	
		-	₩	!	ļ	-	ļ	<u> </u>	_	1			ļ	.	Over \$5,000,000 🔀	Amount of Income	ø
		_	+		1		L	<u> </u>					<u> </u>		Spouse/DC Income over \$1,000,000* - 설	⊣	BLOCK
		ļ	ļ_	-	ļ		ļ	ļ	ļ.	1	<u> </u>		×_		None -	<u> </u>	×
			1		×	×_	×	<u>×</u>	×		 		1		\$1-\$200 ***	<u>S</u>	
			•	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u>i </u>	1		<u> </u>		\$201-\$1,000 #	8	
	-		1	 	<u> </u>	_	ļ		1	×	i	L	<u> </u>		\$1,001-\$2,500 <		
	-	4	-	 	ļ	ļ	<u> </u>		<u> </u>	ļ		ļ	 		\$2,501-\$5,000 < \$ \$2,501-\$5,000 < \$ \$5,001-\$15,000		
		4_	_	1			ļ	ļ	ļ		!				\$5,001-\$15,000 ≤	<u> </u>	
			-	-			<u> </u>	1	<u> </u>		ì	<u> </u>		 	\$15,001- \$ 50,000 ≦		
		4	-	-	· + · · ·		<u> </u>		_	Ļ	1	_	1		\$50,001-\$100,000		
		<u> </u>	1_	-	<u> </u>	ļ	<u> </u>	ļ	 	1		<u> </u>			\$100,001-\$1,000,000 🔻	' [
1		\perp	1	-	·	<u> </u>	<u> </u>	ļ	L	<u>. </u>		ļ .	:		\$1,000,001-\$5,000,000 ×	I	
. —					1	-				1					Over \$5,000,000 ≥	1	

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

	Name: Mich	
	Michael J.	
	J.	ı
	Bost	
		l
		l
		l
١		l
	Page	
	4	l
1	<u> </u>	ı
	7	
		l

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$25,955. It is unchanged in 2014. In addition, certain types of income (notatly honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse eamed income exceeding \$1,000. See examples below.

2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are	ifessional services involving a fidu	ciary relationship) are totally prohibit	totally prohibited for Members and senior staff.
			Amount
Source (include date of receipt for honorana)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State Democratic Plannond VA Doc 7	Salary Source Speech	\$20,000 \$0	\$76,000
Oriento County Board of Education	Spouse Salary	WA	WA
State of Illinois - Springfield, IL	Salary	43145	79428
White House Salon - Murphysboro, IL	Spouse	16245	48735
State of Illinois - Springfield II	Per Diem	>	10627

SCHEDULE D - LIABILITIES

Name: Michael J. Bost Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable), and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

								>	Amount	ount of Liability	bility				
					٨	œ	c	0	m	ת	ရ	н		·	7.
0C. JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Ехатрю	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
JT	Murp	Murphy Wall Bank		2101 Walnut StRental				×							
ŢŢ	Murph	Murphy Wall Bank		Personal Home					×						
T	Murph	Murphy Wall Bank		LOC - personal home		×									
														<u> </u>	
2															

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report

positions held in the reporting period and the current calenda	positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
N/A	
a de la companya de l	

SCHEDULE F - AGREEMENTS

Name:	
Michael J. Bost	
J	۱
Bost	
Page	
5	ı
6	
≗ I	1
7	

Identify the da	ade, parties to, and general terms of any agreement or arrangement that you have calculated from the tile of the standard of t	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;
Date	Parties to Agreement	Terms of Agreement
	N/A	
13 may 16 m		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information flated on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
State of Illinois	Per Diem - reimbursement of travel expenses

FILER NOTES (Optional)

Name: Michael J. Bost

Page 7 of 7

 	 _					_	 	 _	_
									NOTE NUMBER
				in the state of th					
		Service de la constante de la			A THE STATE OF THE				NOTES
Table in			Enter 4						
	- timether					The state of the s			
Tamas and the same				Wife,					
Try of the control of	<u>;</u>								
	Í							 	