

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 86  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Pete King For Congress Committee

|  |   |
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| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Michael Ashner</p> <p>Mailing Address 101 Cove Neck Road</p> <p>City State Zip Code<br/>Oyster Bay NY 11771-1822</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Winthrop Financial Associate      Occupation President</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2011</span></p> <p><b>Transaction ID:</b> A-C23815</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> |
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| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mrs. Susan Ashner</p> <p>Mailing Address 101 Cove Neck Road</p> <p>City State Zip Code<br/>Oyster Bay NY 11771-1822</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Housewife      Occupation Housewife</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2011</span></p> <p><b>Transaction ID:</b> A-C23814</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> |
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| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Gail S. Blaustein</p> <p>Mailing Address 628 Derby Avenue</p> <p>City State Zip Code<br/>Woodmere NY 11598-2740</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer homemaker      Occupation homemaker</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2011</span></p> <p><b>Transaction ID:</b> A-C23807</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> |
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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">2500.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |