

CERTIFIED MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)RECEIVED
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U.S. HOUSE OF REPRESENTATIVESUSE FEC MAILING LABEL
OR
TYPE OR PRINT

JUL 28 1993

1. NAME OF COMMITTEE (in full)

PETE KING FOR CONGRESS COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 1428

CITY, STATE and ZIP CODE

SEAFORD, N.Y. 11783

STATE/DISTRICT

N.Y. 3

2. FEC IDENTIFICATION NUMBER

C00272211

151930

3. IS THIS REPORT AN AMENDMENT?

☐ YES☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☐ October 15 Quarterly Report☐ Thirtieth day report following the General Election on☐ January 31 Year End Report

_____ in the State of _____

☒ July 31 Mid-Year Report (Non-election Year Only)☐ Termination ReportThis report contains
activity for☒ Primary Election☐ General Election☐ Special Election☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
JAN. 1, 1993 through JUNE 30, 1993		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	35,427.66	35,427.66
(b) Total Contribution Refunds (from Line 20(d))	120.00	120.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	35,307.66	35,307.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18,378.90	18,378.90
(b) Total Offsets to Operating Expenditures (from Line 14)	2915.69	2915.69
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	15,463.74	15,463.74
8. Cash on Hand at Close of Reporting Period (from Line 27)	26,923.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

EUGENE A. TURNER

Signature of Treasurer

Eugene A. Turner

Date

7/26/93

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

FEC FORM 3
(revised 4/87)

-93015005062

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) PETE KING FOR CONGRESS COMMITTEE		Report Covering the Period: From: JAN. 1, 1993 To: JUNE 30, 1993	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		12,000.00	11(a)(i)
(ii) Unitemized		16,227.66	11(a)(ii)
(iii) Total of contributions from individuals		28,227.66	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)		7,200.00	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		35,427.66	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		2,915.69	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		38,343.35	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		18,378.90	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		120.00	20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		18,498.90	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 7079.29	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 38,343.35	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 45,422.64	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).		\$ 18,498.90	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).		\$ 26,923.74	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 1162(i)

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

A. Full Name, Mailing Address and ZIP Code Joseph Agovino 149 Abbey Lane Levittown, NY 11756 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation Psychologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/21/93 Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Stanley Arkin PO Box 1457 Amagansett, NY 11930 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation info. request Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/9/93 Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Joseph Buckley 80 Nearwater Avenue Massapequa, NY 11758 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation Restaurateur Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3/26/93 5/20/93 Amount of Each Receipt this Period 200.00 300.00
D. Full Name, Mailing Address and ZIP Code D. Robert Donaldson 33 Madder Lake Circle Commack, NY 11725 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Donaldson Acoustic Occupation interior contractor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/16/93 Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Joseph Finn 52 Argone Road East Hampton Bays, NY 11946 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation investigator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3/31/93 Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Joseph G. Fogg, III 1888 Muttontown Road Muttontown, NY 11791 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation investor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 4/8/93 Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Alan Fortunoff 7 Forte Drive Old Westbury, NY 11568 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation retailer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/5/93 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 13
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Andrea Grennan 2601 Fountain Hills Drive Wexford, PA 15090	Name of Employer info. request	Date (month, day, year) 1/9/93	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code Kenneth Kelly 334 Twin Lane Wantagh, NY 11793	Name of Employer self	Date (month, day, year) 3/24/93	Amount of Each Receipt this Period 500.00
	Occupation private invest.		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Robert J. Keon 30 Irving Place Lynbrook, NY 11563	Name of Employer East Rockaway Nurs. Home	Date (month, day, year) 3/1/93	Amount of Each Receipt this Period 500.00
	Occupation Administrator		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Richard A. Mahoney 47-39 157th Street Flushing, NY 11355	Name of Employer Empire State Loss.	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period 500.00
	Occupation President		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Denis Mc Namara 6045 Riverdale Avenue Bronx, NY 11471	Name of Employer Shamrock Travel	Date (month, day, year) 1/25/93	Amount of Each Receipt this Period 200.00 300.00
	Occupation Travel Agent	6/15/93	
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code John F. Mills 1225 Franklin Avenue Garden City, NY 11530	Name of Employer self	Date (month, day, year) 3/5/93	Amount of Each Receipt this Period 500.00
	Occupation Attorney		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code John J. Murray 2215 Stacy Court North Bellmore, NY 11710	Name of Employer self	Date (month, day, year) 6/9/93	Amount of Each Receipt this Period 500.00
	Occupation restauranteur		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500.00		
SUBTOTAL of Receipts This Page (optional)			4,000
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code James O'Donnell 3547 Verona Place Seaford, NY 11783 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Securities Train. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/10/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Kevin O' Sullivan 4 Bridle Path Drive Old Westbury, NY 11590 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Name of Employer retired Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2/3/93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code David G. Salten 34 3rd Avenue Port Washington, NY 11050 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer retired Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/21/93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Richard Spiegel 86 Suffolk Boulevard Atlantic Beach, NY 11509 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation Petroleum Dist. Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3/21/93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Cornelius J. Sullivan 39 Birchwood Road Glenrock, NJ 07452 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation investor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/13/93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Carole O'Sullivan 4 Bridle Path Dr. Old Westbury, NY 11590 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer housewife Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2/3/93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 4,000.00
TOTAL This Period (last page this line number only) 12,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code Health Insurance P A C 1025 Connecticut Ave. NW Washington D. C. 20036-3998 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 1/9/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code NY Telephone PAC 1095 Ave. of the Americas New York NY 10036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 1/9/93	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Morgan Stanley and Co. 1251 Avenue Of The Americas New York NY 10020 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 2/12/93	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Dist. 2 Meba Pac 490 L'Enfant Plaza, SW Washington, D.C. 20024 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 1/29/93	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Chase PAC One Chase Plaza, 9th Floor New York NY 10081 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$ \$2,000.00	Date (month, day, year) 3/29/93	Amount of Each Receipt this Period \$2,000.00
F. Full Name, Mailing Address and ZIP Code Mass. Mutual PAC 1295 State Street Springfield Street NY 01111 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period \$200.00
G. Full Name, Mailing Address and ZIP Code MORPAC 1125 15th Street, NW Washington. D.C. 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 4/19/93 4/29/93	Amount of Each Receipt this Period \$500.00 \$500.00

SUBTOTAL of Receipts This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code
Citicorp Voluntary PAC
1101 Pennsylvania Ave. NW
Washington
DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
4/6/93

Amount of Each
Receipt this Period
\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2000.00

93015005075

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Multi Media Services Corp 801 N. Fairfax St. Alexandria, VA 22314	Name of Employer Occupation ad-time buy	Date (month, day, year) 1/15/93 3/3/93	Amount of Each Receipt this Period 1,000.00 1,462.80
Receipt For: ☐ Primary ☐ General ☒ Other (specify): refund	Aggregate Year-to-Date > \$ 2462.80		
B. Full Name, Mailing Address and ZIP Code New York Telephone 158 State St. Albany, NY 12207	Name of Employer Occupation Campaign 4.0 phones	Date (month, day, year) 1/13/93	Amount of Each Receipt this Period 452.89
Receipt For: ☐ Primary ☐ General ☒ Other (specify): refund	Aggregate Year-to-Date > \$ 452.89		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2915.69

93015005076

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 7 OF 3
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 First Street SE Washington, DC 20003	Purpose of Disbursement constituent meals Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/8/93 6/8/93 5/24/93 4/26/93	Amount of Each Disbursement This Period 135.00 50.00 34.78 20.23
B. Full Name, Mailing Address and ZIP Code U.S Postmaster Washington, DC	Purpose of Disbursement postage Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/7/93 6/23/93	Amount of Each Disbursement This Period 145.00 145.00
C. Full Name, Mailing Address and ZIP Code NY State Republican Comm. 115 East 57th ST New York, NY 10022	Purpose of Disbursement dinner ticket Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/8/93	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Henninger Video 2601 Wilson Boulevard Arlington, VA 22201	Purpose of Disbursement tape conversion Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/7/93 4/21/93	Amount of Each Disbursement This Period 122.27 146.30
E. Full Name, Mailing Address and ZIP Code Peter T. King 1442 Roth Road Seaford, NY 11783	Purpose of Disbursement reimbursement for: postage, photos Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/27/93 5/3/93 6/30/93	Amount of Each Disbursement This Period 155.32 150.75 136.98
F. Full Name, Mailing Address and ZIP Code same	Purpose of Disbursement taxis, tolls, parking phone calls. Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/18/93 3/10/93	Amount of Each Disbursement This Period 419.77 163.40
G. Full Name, Mailing Address and ZIP Code Nassau County Republican Comm. 164 Post Avenue Westbury, NY 11590	Purpose of Disbursement political event tax. Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-13-93 6-23-93 2-5-93 2-16-93	Amount of Each Disbursement This Period 300.00 60.00 200.00 1,000.00
H. Full Name, Mailing Address and ZIP Code Tom Lankford PO Box 1504 Washington DC 20013	Purpose of Disbursement Printing Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/15/93 5/24/93 4/2/93	Amount of Each Disbursement This Period 197.10 101.35 225.05
I. Full Name, Mailing Address and ZIP Code same	Purpose of Disbursement printing Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/23/93 3/10/93 2/16/93	Amount of Each Disbursement This Period 34.50 364.20 335.80

SUBTOTAL of Disbursements This Page (optional)

5142.80

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 3
FOR LINE NUMBER 22 17

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code S & B Printing P.O. Box 158 Baldwin, NY 11510	Purpose of Disbursement printing Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/16/93	Amount of Each Disbursement This Period 5974.50
B. Full Name, Mailing Address and ZIP Code Ed Cox P.O. Box 128 Massapequa, NY 11758	Purpose of Disbursement photography Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/25/93 3/16/93	Amount of Each Disbursement This Period 204.00 65.00
C. Full Name, Mailing Address and ZIP Code Chase Manhattan P.O. Box 15659 Wilmington, DE 19886	Purpose of Disbursement catering Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/17/93	Amount of Each Disbursement This Period 388.82
D. Full Name, Mailing Address and ZIP Code Rayburn Catering Rayburn House Ofc. Bldg. Washington, D.C. 20515	Purpose of Disbursement catering (see above) Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/6/93 1/21/93	Amount of Each Disbursement This Period 182.28 memo 197.60 memo for above
E. Full Name, Mailing Address and ZIP Code American Express P.O. Box 1270 Newark, NJ 07101	Purpose of Disbursement plane, train tixs; meals for volunteers Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/4/93 4/2/93 6/2/93	Amount of Each Disbursement This Period 688.17 180.00 180.00
F. Full Name, Mailing Address and ZIP Code Amtrak Railways UNION STATION WASHINGTON, D.C.	Purpose of Disbursement train tickets Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/16/93 6/2/93	Amount of Each Disbursement This Period 180.00 memo 180.00 memo memo for above
G. Full Name, Mailing Address and ZIP Code Delta Airlines NATIONAL AIRPORT WASHINGTON, D.C.	Purpose of Disbursement plane tickets Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/20/93	Amount of Each Disbursement This Period 300.00 memo
H. Full Name, Mailing Address and ZIP Code Powers Court Restaurant 520 North Capitol Street Washington, DC	Purpose of Disbursement meals for voluntters Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/20/93	Amount of Each Disbursement This Period 360.83 memo for above
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

7680.49

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER 2017

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code First Card Visa PO Box 1044 Wilmington DE 19886	Purpose of Disbursement plane, train tx; hotel Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/22/93 2/22/93	Amount of Each Disbursement This Period 1046.11 89.00
B. Full Name, Mailing Address and ZIP Code Delta Airlines	Purpose of Disbursement plane tix. Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/19/93	Amount of Each Disbursement This Period 440.00 memo
C. Full Name, Mailing Address and ZIP Code Amtrak	Purpose of Disbursement train tix. Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/3/93 1/19/93	Amount of Each Disbursement This Period 64.00 (memo) 89.00 memo
D. Full Name, Mailing Address and ZIP Code Phoenix Park Hotel 520 North Capitol St. Washington, DC	Purpose of Disbursement hotel rooms Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/19-20/93	Amount of Each Disbursement This Period 542.11 memo
E. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 8507 Hicksville, NY 11802	Purpose of Disbursement const. meals parking and photos Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/3/93 6/8/93	Amount of Each Disbursement This Period 569.05 325.06
F. Full Name, Mailing Address and ZIP Code LaBrasserie 3rd and Massachusetts Ave Washington, DC	Purpose of Disbursement const. meals Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/29/93	Amount of Each Disbursement This Period 335.77 memo
G. Full Name, Mailing Address and ZIP Code Sprats Restaurant	Purpose of Disbursement volunteer meals Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/17/93	Amount of Each Disbursement This Period 224.60 memo
H. Full Name, Mailing Address and ZIP Code Quicks Photo 1877 Bellmore Avenue North Bellmore, NY 11710	Purpose of Disbursement Photo developing Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.14.93 4.15.93 4.24.93	Amount of Each Disbursement This Period 131.20 memo 12.69 memo 22.22 memo
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement same as above Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.24.93 6.8.93	Amount of Each Disbursement This Period 34.72 memo 62.16 memo

SUBTOTAL of Disbursements This Page (optional)

2029.22

TOTAL This Period (last page this line number only)

14852.51

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Friends of Dennis Dillon	Purpose of Disbursement refund Disbursement for: ☐ Primary ☐ General ☒ Other (specify) <u>refund</u>	Date (month, day, year) 5/7/93	Amount of Each Disbursement This Period 20.00
B. Full Name, Mailing Address and ZIP Code St. Patricks Day Parade Committee 58 MAPLE ROAD NEW RD, N.Y. 11696	Purpose of Disbursement refund Disbursement for: ☐ Primary ☐ General ☒ Other (specify) <u>refund</u>	Date (month, day, year) 5.7.93	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

120.00

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