DEC 3 1994
REGULAR MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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U.S HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Pete King for Congress Committee

ADDRESS (number and street) ☐ Check if different than previously reported.
PO Box 1428

CITY, STATE and ZIP CODE
Seaford, NY 11783

STATE/DISTRICT
NY 3rd

151930
2. FEC IDENTIFICATION NUMBER
C00272211

3. IS THIS REPORT AN AMENDMENT?
☑ YES ☐ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☑ Twelfth day report preceding General (Type of Election) election on Nov 8th 1994 in the State of NY
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☐ Primary Election ☑ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	4482.00	323,981.51
	(b) Total Contribution Refunds (from Line 20(d))		2100.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	44829.00	321,881.51
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	97,249.84	179,451.92
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	97,248.84	179,451.92
8.	Cash on Hand at Close of Reporting Period (from Line 27)	227,148.16	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY 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 202-219-3420

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

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

4-00148

FEC FORM 3
(revised 4/87)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7

FOR LINE NUMBER 11a1

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kelly Bernard 3 Winthrop Street Islip NY 11751 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ $500.00	10/13/94	$500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Khan Abdul 2 Bridle Path Court Muttontown NY 11545 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Interfaith Med Ctr Occupation: physician Aggregate Year-to-Date > $ $400.00	10/3/94	$400.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
King Joseph 4044 Darby Lane Seaford NY 11783 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Freeport Police Department Occupation: police chief Aggregate Year-to-Date > $ $950.00	10/17/94	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Longua Lawrence 124 Southard Avenue Rockville Centre NY 11570 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Mitsubishi Trust Occupation: Real Estate Finance Aggregate Year-to-Date > $ $700.00	10/5/94	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lunat Ebrahim 2 Hunting Hill Road New Hyde Park NY 11040 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	self Occupation: CPA Aggregate Year-to-Date > $ $300.00	10/3/94	$300.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mir Parvez 17 Townsend Drive Syosset NY 11791 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Wyckoff Heights Med Center Occupation: physician Aggregate Year-to-Date > $ $300.00	10/3/94	$300.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Olney Victor PO Box 98 Madison Square Station NY 10010 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ $500.00	10/11/94	$500.00

SUBTOTAL of Receipts This Page (optional) 2750.00

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