RECEIVED
OFFICE OF RECORDS & REGISTRATION

1994 DEC -6 AM 8:16

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

REGULAR MAIL
DEC 3 1994

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee
(Summary Page)

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.
P.O. Box 1428

CITY, STATE and ZIP CODE — STATE/DISTRICT
SEAFORD, N.Y. 11783 — NY3

151930
C00272211
2. FEC IDENTIFICATION NUMBER

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 _____ (Type of Election) election on _____ in the State of _____
☐ 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

6. Covering Period 8/25/94 through 9/30/94

		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))	68,224.20	275,152.51
	(b) Total Contribution Refunds (from Line 20(d))	2,000.00	2,000.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	66,224.20	273,152.51
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	20,574.53	52,202.08
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	20,574.53	52,202.08
8.	Cash on Hand at Close of Reporting Period (from Line 27)	275,569.46	
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 — Date
Eugene A. Turner — 10/7/94

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)

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 4 OF 6

FOR LINE NUMBER 11a 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Slifka Alan 477 Madison Avenue New York NY 10022 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	information request Occupation Aggregate Year-to-Date > $ $1,000.00	9/29/94	$1,000.00
B. Slovin Bruce 42 East 65th Street New York NY 10021 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	information request Occupation Aggregate Year-to-Date > $ $500.00	8/24/94	$500.00
C. Sra Kanwaldev 99-47 63rd Ave. Apt PH Forest Hills NY 11374 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	information request Occupation Aggregate Year-to-Date > $ $500.00	9/26/94	$500.00
D. Wittels Arlene 5 Valerie Drive Upper Brookville NY 11545-2913 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	information request Occupation Aggregate Year-to-Date > $ $500.00	9/29/94	$500.00
E. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 1st ST SE WASHINGTON, D.C. 20003 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	IN-KIND FOR MAILING Occupation Aggregate Year-to-Date > $	9/14/94	149.86
F. 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
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

TOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only) 2649.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4

FOR LINE NUMBER 17

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 1st St SE WASHINGTON D.C. 20003	IN-KIND FOR MAILING Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/14/94	149.56
B. 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
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)			