PAGE 1/2

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN I Pete King for		mmittee			7	
ADDRESS (number and stre	eet) PO Box 1428					
CITY STATE Seaford NY			ZIP CO			
2. NAME OF CANDIDATE		'''	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
King, Pete, , ,			House NY 02 C00272211			
5. ISTHIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	////	
Castro, Bernadette, , Mrs.,			Name of Employer retired		Date (month, day, year)	Amount
MAILING ADDRESS 17 Quail Hill Road			Transaction ID : F65-CN32424		06/20/2018	2700.00
CITY	STATE	ZIP CODE	Occupation			
Lloyd Harbor	NY	11743	Retired			
B. FULL NAME Gould, Jay, , Mr.,			Name of Employer Self		Date (month, day, year)	Amount
MAILING ADDRESS 363 East 76th Street			Transaction ID : F65-CN32431		06/20/2018	1000.00
CITY STATE ZIP CODE		Occupation		_		
New York	NY	10021	Real Estate Investor			
C. FULL NAME	141	10021			Data (month	Amount
Public Service Enterprise Gro	up Inc. Political Action C	ommittee (pegpac)	Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS 80 Park Plaza			Transaction ID: F65-CN32436		06/20/2018	1000.00
CITY	STATE	ZIP CODE	Occupation			
Newark	NJ	07102				
D. FULL NAME National Active & Retired Federal Employees Association PAC			Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS 606 N Washington Street			Transaction ID: F65-CN32427		06/20/2018	1000.00
CITY	STATE	ZIP CODE		05-CN32421		
Alexandria	VA	22314	Occupation			
E. FULL NAME National Active & Retired Federal Employees Association PAC			Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS 606 N Washington Street			Transaction ID : F65-CN32428		06/20/2018	1000.00
CITY STATE ZIP CODE		Occupation				
Alexandria	VA	22314				
SIGNATURE (optional) Rosenfeld, Anne, , Mrs.,		[Electronically Filed]	DATE 06/21/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		



Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Pete King for Congre				
	30x 1428		_	
CITY, STATE, and ZIP CODE			oontinustic	1 0000
Seaford		NY 11783	continuation	· ·
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
King, Pete, , ,		House NY 02	C00272211	
5. ISTHIS AN AMENDMENT? X	O, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZI	P CODE	Name of Employer	Date (month,	Amount
Insured Retirement Insured	stitue Inc. PAC		day, year)	
4400 \			06/20/2018	1500.00
1100 Vermont Avenue NW		Transaction ID : F65 CN22420		
10th Floor		Transaction ID : F65-CN32429 Occupation		
Washington	DC 20005	· ·		
B. FULL NAME, MAILING ADDRESS AND ZI	P CODE	Name of Employer	Date (month,	Amount
Insured Retirement Ins	stitue Inc. PAC		day, year)	
			06/20/2018	1000.00
1100 Vermont Avenue NW		Transaction ID : F65-CN32430		
10th Floor		Occupation Occupation		
Washington	DC 20005	Сосираноп		
C. FULL NAME, MAILING ADDRESS AND ZI	P CODE	Name of Employer	Date (month,	Amount
APWU COPA			day, year)	
			06/20/2018	1500.00
1300 L Street NW				
		Transaction ID : F65-CN32426 Occupation		
Washington	DC 20005	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZI	P CODE	Name of Employer	Date (month,	Amount
Seckler, Jerome E, , ,		President	day, year)	
, , , ,			06/21/2018	1000.00
182 Biltmore Blvd		_ ,, ,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Transaction ID : F65-CN32425		
Massapequa	NY 11758	Occupation Friends of LI Wrestling		
E. FULL NAME, MAILING ADDRESS AND ZI	P CODE	Name of Employer	Date (month,	Amount
•			day, year)	
		Occupation		