

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 15 1 20 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PETE KING FOR CONGRESS COMM.	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. Box 1428	
CITY, STATE and ZIP CODE SEAFORD, N.Y. 11783	STATE/DISTRICT NY 3
2. FEC IDENTIFICATION NUMBER C00272211	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☒ July 15 Quarterly Report ☐ 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☐ October 15 Quarterly Report ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

This 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
April 1, 1996 through JUNE 30, 1996		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	75924.00	
(b) Total Contribution Refunds (from Line 20(d))		500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	75924.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24592.54	41254.94
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24592.54	16662.40
8. Cash on Hand at Close of Reporting Period (from Line 27)	275,482.41	
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 202-219-3420
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 TURNER	Date 7/13/96
Signature of Treasurer <i>Eugene Turner</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)		Report Covering the Period:	
		From:	To:
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) -----		16000.00	
(ii) Unitemized -----		18224.00	72282.00
(iii) Total of contributions from individuals -----		34224.00	54354.00
(b) Political Party Committees -----			
(c) Other Political Committees (such as PACs) -----		41700.00	64700.00
(d) The Candidate -----			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----		75924.00	142282
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----			
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----			
(b) All Other Loans -----			
(c) TOTAL LOANS (add 13(a) and (b)) -----			
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----			
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		75924.00	142282
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		24,592.54	41,254.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----			
(b) Of All Other Loans -----			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----			500.00
(b) Political Party Committees -----			
(c) Other Political Committees (such as PACs) -----			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----			500.00
21. OTHER DISBURSEMENTS -----			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		24,592.54	41,754.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 224,150.95	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 75,924.00	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 300,074.95	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 24,592.54	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 275,482.41	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
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 Ames Bernard 362 Maryland Avenue Freeport NY 11520	Name of Employer Occupation <i>retired</i>	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Anderman Basil 10450 Wilshire Boulevard Los Angeles CA 90024	Name of Employer self Occupation <i>benefit consultant</i>	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Bingham Eileen 82 Cypress Woodbury NY 11797	Name of Employer Occupation <i>housewife</i>	Date (month, day, year) 4/18/96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Block Michael 330 East 75th Street New York NY 10021	Name of Employer self Occupation <i>attorney</i>	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Bloom Ronald 9777 Wilshire Boulevard Beverly Hills CA 90212	Name of Employer Crown Asso Realty Occupation <i>President</i>	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Coben Lawrence One Fishwood Court Atkinson NH 03811	Name of Employer Liberty Power Occupation <i>Managing Director</i>	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Comm. to Re-elect SUSAN MOLINARI PO Box 060248 New Dorp, Staten Island NY 10306	Name of Employer Occupation	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code Donovan Daniel 1 Sidney Street Plainview NY 11803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TOWN OF OYSTER BAY Occupation ADMINISTRATOR Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/1/96 Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Feith Dalck 8134 High School Road Elkins Park PA 19117 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nat'l Jewish Coalit. Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/1/96 Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Finn Joseph 52 Argonne Road East Hampton Bays NY 11946 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation investigator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/1/96 Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Hazan Lawrence 39-35 Skillman Avenue Long Island City NY 11104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/20/96 Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Keough Donald 200 Galleria Parkway Atlanta GA 30339 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Allen and Company Occupation Chairman of Bd Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/15/96 Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Longua Lawrence 124 Southard Avenue Rockville Centre NY 11570 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mitsubishi Trust Occupation real estate finance Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/1/96 Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Mahoney Richard 47-39 157th Street Flushing NY 11355 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation security consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/1/96 Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 3 OF 4

FOR LINE NUMBER 1121

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code McCann Robert 67-35 Yellowstone Boulevard Forest Hills NY 11375 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brown, Harris, Stevens LLC Occupation Maintenance Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Meltzer Lewis 190 Willis Avenue Mineola NY 11501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/10/96	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code NYNEX 125 High Street Rm. 309 Boston MA 02110-2721 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation refund Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Schmitt Charles 2207 Southard Avenue Seaford NY 11783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation funeral director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/16/96	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Schroeder Edmund 100 Maiden Lane Rm 929 New York NY 10038 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cadwalader Wickersham and Taft Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/18/96	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Schwartz Ronald 246-16 Union Turnpike Bellerose NY 11426 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Scibelli Gabriel 83 Kingsbury Road Garden City NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Overton and Co. Occupation customs broker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 4 OF 4
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

PETER KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code Singer Paul 170 Tekening Drive Tenafly NJ 07067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Braxton Assoc. Occupation Investment Counselor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/26/96	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Singer Linda 170 Tekening Drive Tenafly NJ 07670 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/26/96	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Sohacheski Marilyn 714 North Palm Drive Beverly Hills CA 90210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

3000.00

TOTAL This Period (last page this line number only)

16000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 1 OF 17
FOR LINE NUMBER 115

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code AICPA Effective Leg. Comm. 1455 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/96	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code ALPA PAC 1625 Massachusetts Avenue NW Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union COPE 5025 Wisconsin Avenue NW Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/2/96	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code American Bankers Asso. 1120 Connecticut Avenue NW Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,800.00	Date (month, day, year) 4/1/96	Amount of Each Receipt this Period \$1,800.00
E. Full Name, Mailing Address and ZIP Code American Collectors Asso. PAC 4040 West 70th Street Minneapolis MN 55436 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/26/96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code American International Group PAC 1455 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/26/96	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code American Society of Travel Agts 1101 King Street, Ste. 200 Alexandria NY 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/1/96	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 2 OF 7

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
AT&T PAC
32 Avenue of the Americas
New York
NY 10013

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

Name of Employer

Date (month,
day, year)

5/7/96

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
ATLA PAC
1050 31st Street NW
Washington
DC 20007

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

Name of Employer

Date (month,
day, year)

6/10/96

5/20/96

Amount of Each
Receipt this Period

\$2,000.00

\$2,500.00

Occupation

Aggregate Year-to-Date > \$ 5,000.00

C. Full Name, Mailing Address and ZIP Code
Canandaigua Wine Co. Inc. PAC
116 Buffalo Street
Canandaigua
NY 14424

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

Name of Employer

Date (month,
day, year)

4/18/96

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
CBANYS PAC
P Box 325
Grand Central Station
NY 10163

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

Name of Employer

Date (month,
day, year)

4/10/96

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Civic Action Fund Loral Corp.
1210 Massillon Road
Akron
OH 44315

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

Name of Employer

Date (month,
day, year)

4/26/96

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code
Coast FEDPAC
18000 Chatsworth Street
Granada Hills
CA 91344

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

Name of Employer

Date (month,
day, year)

6/20/96

Amount of Each
Receipt this Period

\$250.00

Occupation

Aggregate Year-to-Date > \$ 250.00

G. Full Name, Mailing Address and ZIP Code
CSX Good Government Fund PAC
PO Box C32222
Richmond
VA 23261

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

Name of Employer

Date (month,
day, year)

4/15/96

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 3 OF 7
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 DRIVE PAC 25 Louisiana Avenue NW Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Drive Political Fund PAC 25 Louisiana Avenue NW Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$2,500.00
C. Full Name, Mailing Address and ZIP Code First Chicago Corporation PAC One First National Plaza Chicago IL 60670 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Ford Motor Co. PAC The American Road Dearborn MI 48121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Goldman Sachs Partners PAC 1101 Penn Avenue Ste.900 Washington NY 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code HF Ahmanson and Co. PAC 591 Redwood Highway No 4000 Mill Valley CA 94941 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code House PAC 2700 Sanders Road Prospect Heights IL 60070 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **7**
FOR LINE NUMBER
11c

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 Kirkpatrick and Lockhart PAC 535 Smithfield Street Pittsburgh PA 15222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Laborers Political League 905 Sixteenth Street NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4,000.00	Date (month, day, year) 6/20/96 6/20/96 4/10/96	Amount of Each Receipt this Period \$1,000.00 \$1,000.00 \$1,000.00
C. Full Name, Mailing Address and ZIP Code Local 138 PAC PO Box 206 Farmingdale NY 11735 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Metropolitan Life Ins. Co PAC One Madison Avenue New York NY 10010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Morgan Stanley & Co. PAC 801 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 4/26/96 4/10/96	Amount of Each Receipt this Period \$1,000.00 \$1,000.00
F. Full Name, Mailing Address and ZIP Code NATCA PAC 1150 17th Street NW Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,400.00	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$400.00
G. Full Name, Mailing Address and ZIP Code National Beer Wholesalers Asso. 1100 S. Washington Street Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

7900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 17
FOR LINE NUMBER 11c

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 National PAC Federal 600 Pennsylvania Ave. SE Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$5,000.00
B. Full Name, Mailing Address and ZIP Code New York Mercantile Exchange 4 World Trade Center Ste.744 New York NY 10048 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/10/96	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code NY Asso. of Mortgage Bankers 70 Grand Avenue Massapequa NY 11758 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code PIA PAC 400 North Washington Street Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/1/96	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Political Educational Fund 815 16th Street NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/10/96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Realtors PAC 430 North Michigan Avenue Chicago IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/26/96	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Seafarers Political Activity 5201 Auth Way Camp Springs MD 20746 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6/7/96	Amount of Each Receipt this Period \$2,000.00

SUBTOTAL of Receipts This Page (optional)

10,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11C

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 Sheet Metal Workers PAC 1750 New York Avenue NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code SMAC PAC PO Box 221230 Chantilly VA 22022-1230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Steamfitters Local 638 PAC 32-32 48th Avenue Long Island City NY 11101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/15/96	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code The Travelers Group Inc. 65 East 55th Street New York NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/96	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Transport Workers Union PAC 80 West End Avenue New York NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code U.A. Political Education Comm. 901 Massachusetts Avenue NW Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code United Food & Aomm. Workers PAC 1775 K Street NW Washington DC 20006-1598 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER 112

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
Young Jewish Leadership PAC
240 East 27th Street Rm 20C
New York
NY 10016

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

Name of Employer

Occupation

Date (month,
day, year)

4/1/96

Amount of Each
Receipt this Period

\$500.00

Aggregate Year-to-Date > \$ 500.00

B. 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

Aggregate Year-to-Date > \$

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

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

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

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

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

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

41700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 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 COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Washington, D.C.	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/96 5/7/96 5/13/96	64.00 250.00 192.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/96 6/16/96 6/20/96	96.00 96.00 160.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	160.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement ad. subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/96 4/16/96	342.00 28.95
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/96	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/96 5/8/96	493.00 323.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement miscellaneous Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/96	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement +V ad. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/96	1000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement tickets for fund raiser and plane tickets to convention Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/96 5/23/96 5/29/96	300.00 618.00 105.00

SUBTOTAL of Disbursements This Page (optional)

4727.95

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 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 COMMITTEE

A. Full Name, Mailing Address and ZIP Code <i>Dele for President Committee</i> <i>810 FIRST ST. NE</i> <i>Washington, D.C. 20013</i>	Purpose of Disbursement <i>Reimbursement for phone taps</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/2/96</i> <i>6/21/96</i> <i>6/27/96</i>	Amount of Each Disbursement This Period <i>205.00</i> <i>165.00</i> <i>118.80</i>
B. Full Name, Mailing Address and ZIP Code <i>Elith Forge</i> <i>111 Ampleline.</i> <i>N. Bellmore, N.Y.</i>	Purpose of Disbursement <i>Reimbursement for postage</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/8/96</i>	Amount of Each Disbursement This Period <i>12.88</i>
C. Full Name, Mailing Address and ZIP Code <i>Nolan Enterprises</i> <i>98 Wilson St.</i> <i>E. Rockaway N.Y. 11518</i>	Purpose of Disbursement <i>Bumper Stickers</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/25/96</i>	Amount of Each Disbursement This Period <i>821.93</i>
D. Full Name, Mailing Address and ZIP Code <i>John McLaughlin Assoc.</i> <i>601 Madison St.</i> <i>Alexandria, Va. 22314</i>	Purpose of Disbursement <i>Roll</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/25/96</i>	Amount of Each Disbursement This Period <i>10,200.00</i>
E. Full Name, Mailing Address and ZIP Code <i>Ancient Order of Hebrernians</i> <i>38 Bayview Terrace</i> <i>Westchester, N.Y. 11080</i>	Purpose of Disbursement <i>Journal Ad</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/25/96</i>	Amount of Each Disbursement This Period <i>150.00</i>
F. Full Name, Mailing Address and ZIP Code <i>Marsell Group</i> <i>459 Westbury Ave.</i> <i>Westbury, N.Y. 11591</i>	Purpose of Disbursement <i>Printing: Fund raising materials</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/20/96</i>	Amount of Each Disbursement This Period <i>132.37</i>
G. Full Name, Mailing Address and ZIP Code <i>Peter King</i> <i>1442 Roth Road</i> <i>Seaford N.Y. 11753</i>	Purpose of Disbursement <i>Reimbursement: tolls, taxis, parking</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/17/96</i> <i>6/21/96</i>	Amount of Each Disbursement This Period <i>91.24</i> <i>118.00</i>
H. Full Name, Mailing Address and ZIP Code <i>Robert O'Connor</i> <i>2515 K St. NW</i> <i>Washington D.C. 20037</i>	Purpose of Disbursement <i>Campaign consultant</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>4/17/96</i>	Amount of Each Disbursement This Period <i>2500.00</i>
I. Full Name, Mailing Address and ZIP Code <i>Bar Harbor Frame Shop</i> <i>1011 Park Blvd.</i> <i>Bar Harbor, Me. 04762</i>	Purpose of Disbursement <i>frames for photos</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>4/17/96</i> <i>6/11/96</i>	Amount of Each Disbursement This Period <i>271.25</i> <i>271.25</i>

SUBTOTAL of Disbursements This Page (optional)

15057.68

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 3 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heflin University Club Hempstead, N.Y. 11550	Campaign breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	773.43
B. Full Name, Mailing Address and ZIP Code Jewish World 115 Middle Neck Road Great Neck, N.Y. 11021	Purpose of Disbursement Ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96 5/20/96	288.00 288.00
C. Full Name, Mailing Address and ZIP Code Nassau Conservative Committee 36 Sunrise St. Plainville N.Y. 11803	Purpose of Disbursement Ads, petition printing, tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96 4/25/96 6/4/96	150.00 350.00 125.00
D. Full Name, Mailing Address and ZIP Code Ken Smith Congressional Printer WABK Rayburn Bldg. Washington, D.C. 20515	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/96 5/1/96	40.00 105.25
E. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 8507 Hicksville, N.Y. 11802	Purpose of Disbursement Photos, printing, meals, tapes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/96 5/23/96	60.00 81.00
F. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 8507 Hicksville, N.Y. 11802	Purpose of Disbursement parking, photos, printing, meals, red bp. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/96	514.39
G. Full Name, Mailing Address and ZIP Code Bule feathers Restaurant 1st Street SE Washington, D.C.	Purpose of Disbursement Campaign meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14	215.22 memo
H. Full Name, Mailing Address and ZIP Code Quicks Photo 1877 Bellmore Ave. Bellmore N.Y. 11710	Purpose of Disbursement photo developing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/96 3/9/96 3/17/96 3/24/96	34.42 memo 34.42 memo 37.91 memo 9.57 memo
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) 2/1/96 3/4/96 3/7/96 3/24/96	Amount of Each Disbursement This Period 3

SUBTOTAL of Disbursements This Page (optional)

2775.57

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Rate King for Congress Committee

A. Full Name, Mailing Address and ZIP Code <i>Chase Credit Card Services P.O. Box 8507 Hicksville, N.Y. 11802</i>	Purpose of Disbursement <i>photos, hotel room, meals, frames</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/13/96</i>	Amount of Each Disbursement This Period <i>834.88</i>
B. Full Name, Mailing Address and ZIP Code <i>Quicks Photo 1877 Bellmore Ave Bellmore, N.Y. 11710</i>	Purpose of Disbursement <i>photo developing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>4/4/96 4/12/96 4/5/96</i>	Amount of Each Disbursement This Period <i>39.01 memo 146.12 memo 52.01 memo</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>4/5/96</i>	Amount of Each Disbursement This Period <i>11.12 memo</i>
D. Full Name, Mailing Address and ZIP Code <i>Morris Inn University of Notre Dame South Bend, Indiana</i>	Purpose of Disbursement <i>hotel room, meals and miscellaneous</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>4/3/96 4/3/96 4/3/96</i>	Amount of Each Disbursement This Period <i>10.20 memo 77.70 memo 158.40 memo</i>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code <i>Credit Card Services P.O. Box 15904 Wilmington, Del. 19886</i>	Purpose of Disbursement <i>bus, photos, meals, parking</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>6/14/96</i>	Amount of Each Disbursement This Period <i>362.55</i>
G. Full Name, Mailing Address and ZIP Code <i>Quicks Photo 1877 Bellmore Ave Bellmore, N.Y. 11710</i>	Purpose of Disbursement <i>photo developing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) <i>5/18/96 5/14/96 4/27/96</i>	Amount of Each Disbursement This Period <i>55.38 memo 19.15 memo 9.90 memo</i>
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1197.43

TOTAL This Period (last page this line number only)

23758.63

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