

AUG 31 1992

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)RECEIVED
OFFICE OF RECORDS & REGISTRATION

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

CERTIFIED MAIL

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

3RD C.D.

CITY, STATE and ZIP CODE

SEAFORD

N.Y.

STATE/DISTRICT

11783

2. FEC IDENTIFICATION NUMBER

C0027221X P01/51930

3. IS THIS REPORT AN AMENDMENT?

☐ YES☒ NO

AUTH: 15299D

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

PRIMARY

(Type of Election)

election on SEPT. 15 In the State of NEW YORK

☐ 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
July 8 through AUG. 26/91		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	33,455.00	33,455.00
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	32,455.00	32,455.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25001.18	25001.18
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	25001.18	25001.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	34,351.82	
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 202-376-3120

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

Signature of Treasurer

Eugene Turner

Date

Aug. 31, 1992

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)

92014660369

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)

Report Covering the Period:

From: JULY 8

To: AUG. 27

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			11(a)(i)
(i) Itemized (use Schedule A)	14,900.00		11(a)(ii)
(ii) Unitemized	13,555.00		11(a)(iii)
(iii) Total of contributions from individuals	28,455.00	28,455.00	11(b)
(b) Political Party Committees			11(c)
(c) Other Political Committees (such as PACs)	5,000.00	5,000.00	11(d)
(d) The Candidate			11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	33,455.00	33,455.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.	26,898.00	26,898.00	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.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	60,353.00	60,353.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	25,000.18	25,001.18	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	1,000.00	1,000.00	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).	26,001.18	26,001.18	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	0	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	60,353.00	
25. SUBTOTAL (add Line 23 and Line 24)	\$	60,353.00	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$	26,001.18	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$	34,351.82	

92014660370

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 4
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 Robert McMillan 20 Franklin Court Garden City, NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McMillan, Bennett & Ragano Occupation Lawyer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/10/92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code James P. Cullen Five Old Knollwood Road White Plains, NY 10607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DeForest & Dyer Occupation Lawyer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/13/92	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Santa C. Rozzi 31 Derby Court Oyster Bay, NY 11771 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nassau County Occupation Deputy Cty. Exec. Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 7/13/92	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Patrick Donovan 1 Sydney Street Plainview, NY 11803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Twn. of Oyster Bay Occupation Sanitation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/15/92	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Alan Fortunoff Old country Road Westbury, NY 11590 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): / 000 / 000	Name of Employer Self Occupation Retailer Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 7/15/92 8/17/92	Amount of Each Receipt this Period 1,000.00 1,000.00
F. Full Name, Mailing Address and ZIP Code Nicholas DiGiulio 3660 Wadena Street Seaford, NY 11783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nassau Tech Occupation Teacher Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 7/20/92	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code John Levey 1597 Earl Road Wantagh, New York 11793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer info. requested Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/20/92	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

5350.00

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 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Joan Roman 355 South End Avenue, Apt. 6N New York, NY 10280 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer housewife Occupation --- Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/22/92	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Daivid G. Salten 34 3rd avenue Port Washington, NY 11050 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): /, 000 300	Name of Employer self-employed Occupation consultant Aggregate Year-to-Date > \$ 1,200.00	Date (month, day, year) 7/24/92	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Margaret McGonigal 3956 Hickory Street Seaford, NY 11783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Celtic Services Occupation info. requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/24/92	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code John Murray, Jr. 3234 Railroad Avenue Wantagh, NY 11793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation restaurateur Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/27/92	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Ludwig Hasl 20 Coot Road Locust Valley, NY 11560 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/29/92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Brian J. Farrell 1912 Wantagh Avenue Wantagh, NY 11793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation restaurateur Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/30/92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John G. Fallon 7798 Langdale Street New Hyde Park, New York 11040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): /, 000 300	Name of Employer Nassau County Occupation Police Officer Aggregate Year-to-Date > \$ 1,300.00	Date (month, day, year) 7/30/92	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

3800.00

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 3 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code

Alvin Benjamin
377 Oak Street
Garden City, NY 11530

Name of Employer

Self-employed

Date (month,
day, year)
8/4/92Amount of Each
Receipt this Period
500.00Occupation
builder

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Berton Litpman
1939 Leslie Lane
Merrick, NY 11566

Name of Employer

self-employed

Date (month,
day, year)
8/4/92Amount of Each
Receipt this Period
500.00

Occupation

Designer

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Gerard M. Murtha
29 Kent Street
Farmingdale, NY 11735

Name of Employer

New York City

Date (month,
day, year)
8/4/92Amount of Each
Receipt this Period
300.00

Occupation

Firefighter

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 300.00

D. Full Name, Mailing Address and ZIP Code

Robert J. Wilczek
321 North Clark Street
Chicago, IL 60610

Name of Employer

request info

Date (month,
day, year)
8/17/92Amount of Each
Receipt this Period
1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

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

E. Full Name, Mailing Address and ZIP Code

David S. Mack
8 Sound Lane
Kings Point, NY 11024

Name of Employer

self

Date (month,
day, year)
8/17/92Amount of Each
Receipt this Period
1,000.00

Occupation

financier

Receipt For:

☒ Primary☐ General☐ Other (specify):

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

F. Full Name, Mailing Address and ZIP Code

Helene Fortunoff
Seven Forte Drive
Old Westbury, NY 11568

Name of Employer

self

Date (month,
day, year)
8/17/92Amount of Each
Receipt this Period
1,000.00

Occupation

retailer

Receipt For:

☒ Primary☐ General☐ Other (specify):

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

G. Full Name, Mailing Address and ZIP Code

Louis Fortunoff
Seven Forte Drive
Old Westbury, NY 11568

Name of Employer

self

Date (month,
day, year)
8/17/92Amount of Each
Receipt this Period
1,000.00

Occupation

retailer

Receipt For:

☒ Primary☐ General☐ Other (specify):

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

SUBTOTAL of Receipts This Page (optional)

5300.00

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 4 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code

Henry T. Wang
256 South Wilton Place
Los Angeles, CA 90004

Name of Employer

Pacific Sea Prod.

Date (month,
day, year)
8/19/92

Amount of Each
Receipt this Period
250.00

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

B. Full Name, Mailing Address and ZIP Code

Bernard N. Ames
362 Maryland Avenue
Freeport, NY 11520

Name of Employer

Ferguson Propeller

Date (month,
day, year)
8/25/95

Amount of Each
Receipt this Period
250.00

Occupation

Chairman

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

14,900.00

92014660374

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Lent for Congress Comm. 2336 South Queen Street Arlington, VA 22202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 8/4/92</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>McGrath for Congress Comm. PO Box 633 Valley Stream, NY 11580</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 8/17/92 8/17/92</p>	<p>Amount of Each Receipt this Period 1,000.00 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>BROTHERHOOD OF LOCOMOTIVE ENGINEERS LEGISLATIVE LEAGUE (PAC) 1370 ONTARIO ST. CLEVELAND, OH 44113</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1,000</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,500</p>	<p>Date (month, day, year) 8/13/92</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>WHOLESALE-DISTRIBUTOR POLITICAL ACTION COMMITTEE 1725 K ST. NW WASHINGTON, D.C. 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 8/14/92</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

92014660375

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **OF**
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. 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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
B. 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	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

TOTAL This Period (last page this line number only)

92014660376

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code ECM Corporation 431 Willis Avenue Williston Park, NY 11596	Purpose of Disbursement rental and ribbons Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/13/92 8/18/92	Amount of Each Disbursement This Period 173.60 27.56
B. Full Name, Mailing Address and ZIP Code Nassau County Republican Comm 164 Post avenue Westbury, New York 11590	Purpose of Disbursement primary petitions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92 8/18/92	Amount of Each Disbursement This Period 200.00 400.00
C. Full Name, Mailing Address and ZIP Code Marsid Press 459 Westbury Avenue Carle Place, NY 11514	Purpose of Disbursement flyers and posters Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 3369.00 89.00
D. Full Name, Mailing Address and ZIP Code Peter T. King 1442 Roth Road Seaford, New York 11783	Purpose of Disbursement misc. camp. expenses TRAVEL, STAMPS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92 8/18/92	Amount of Each Disbursement This Period 216.75 402.43
E. Full Name, Mailing Address and ZIP Code E. Pira 1665 Paul Lane Seaford, NY 11783	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92 8/18/92	Amount of Each Disbursement This Period 658.70 349.00
F. Full Name, Mailing Address and ZIP Code United States Postmaster Seaford, NY 11783	Purpose of Disbursement postage, box, bulk rate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92 8/7/92 8/7/92	Amount of Each Disbursement This Period 290.00 50.00 250.00
G. Full Name, Mailing Address and ZIP Code United States Postmaster Seaford, NY 11783	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/92 8/25/92	Amount of Each Disbursement This Period 800.00 290.00
H. Full Name, Mailing Address and ZIP Code John Hambel 50 North Boulevard East Rockaway, NY 11518	Purpose of Disbursement misc. expenses PRINTING, POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/1/92	Amount of Each Disbursement This Period 209.84
I. Full Name, Mailing Address and ZIP Code Irish Echo c/o cummings 68 Myers Avenue Hicksville, NY 11801	Purpose of Disbursement ad-Labor Day Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/92	Amount of Each Disbursement This Period 306.00

SUBTOTAL of Disbursements This Page (optional)

8081.88

TOTAL This Period (last page this line number only)

92014660377

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

92014660378

A. 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
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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
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	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
G. 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
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)

TOTAL This Period (last page this line number only)

Continued on following pages

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

92014660379

A. 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
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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
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	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
G. 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
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)

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TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

A. 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
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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
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	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
G. 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
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)

TOTAL This Period (last page this line number only)

Continued

92014660380

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

92014660381

A. 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
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)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. 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
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	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
G. 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
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)

TOTAL This Period (last page this line number only)

Continued

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Nassau County Clerk 240 Old Country Road Mineola, NY 11501	legal filing fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/92 8/6/92	175.00 75.00
B. Full Name, Mailing Address and ZIP Code Gene Turner 281 Westside Avenue Freeport, New York 11520	misc. camp. expenses TRAVEL EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/92 8/24/92	337.99 87.00
C. Full Name, Mailing Address and ZIP Code Nolan Enterprises 98 Wilson Street East Rockaway, NY 11518	Purpose of Disbursement bumper stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/6/92	Amount of Each Disbursement This Period 611.61
D. Full Name, Mailing Address and ZIP Code New York Telephone Fulton Avenue Hempstead, New York 11550	Purpose of Disbursement telephone install. dep Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/7/92 8/7/92	Amount of Each Disbursement This Period 433.18 600.00
E. Full Name, Mailing Address and ZIP Code Fabrizio and McLaughlin 801 North Fairfax St. Alexandria, VA 22314	Purpose of Disbursement consulting services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/92	Amount of Each Disbursement This Period 3,000.00
F. Full Name, Mailing Address and ZIP Code Fabrizio and McLaughlin 801 Fairfax Street Alexandria, VA 22314	Purpose of Disbursement polling, Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/92 8/18/92	Amount of Each Disbursement This Period 4,500.00 5,200.00
G. Full Name, Mailing Address and ZIP Code Long Island Lighting Co. Hicksville, New York 11801	Purpose of Disbursement HQ electric Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/11/92	Amount of Each Disbursement This Period 235.00
H. Full Name, Mailing Address and ZIP Code S & B Printing P.O. Box 158 13 So. Grand Ave, Baldwin	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/27/92	Amount of Each Disbursement This Period 1,501.62
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)

16,756.40

TOTAL This Period (last page this line number only)

24,838.28

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee						Report Covering Period:				
						From:	To:			
	Committee Name(s)					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Cmtes.	(b) Line No. 11(b) Total Contributions From Political Party Committees	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions
A										
B										
C										
D										
E										
F										
G										
H										
I	Column Total This Page									
J	Column Total Last Page Only									
	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guar- anteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures		
A										
B										
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D										
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	(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by the Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribu- tion Refunds to Individuals/ Persons	(s) Line No. 20(b) Total Contribu- tion Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribu- tion Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds		
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	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Oblig. Owed TO the Committee	(aa) Line No. 10 Debts & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures		
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