

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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

1. NAME OF COMMITTEE IN FULL <b>Pete King for Congress</b>	
ADDRESS (number and street) <b>Post Office Box 1428</b>	
CITY, STATE and ZIP CODE <b>Seaford, NY 11783</b>	
2. NAME OF CANDIDATE <b>PETER T. KING</b>	3. OFFICE SOUGHT (State and District) <b>House (NY 3)</b>

Any information copied from such Reports and Statements may not be 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 a committee.

4. FEC Identification Number  
**C00272211**

A. Full Name, Mailing Address and ZIP	Name of Employer	Date (mo-dy-yr)	Amount
<b>American Society Plastic &amp; Reconstructive Surg</b> <b>444 East Algonquin Road</b> <b>Arlington Heights, IL 60005</b>	Occupation	<b>11-01-00</b>	<b>\$1,000.00</b>
B. Full Name, Mailing Address and ZIP	Name of Employer	Date (mo-dy-yr)	Amount
<b>Albert Zilkha</b> <b>1 White Gate Drive</b> <b>Old Brookville, NY 11545</b>	<b>Self-employed</b> Occupation <b>Physician</b>	<b>11-01-00</b>	<b>\$1,000.00</b>
C. Full Name, Mailing Address and ZIP	Name of Employer	Date (mo-dy-yr)	Amount
<b>American Medical Association PAC</b> <b>1101 Vermont Avenue, NW</b> <b>Washington, DC 20005</b>	Occupation	<b>11-01-00</b>	<b>\$3,500.00</b>
D. Full Name, Mailing Address and ZIP	Name of Employer	Date (mo-dy-yr)	Amount
<b>Alvin Benjamin</b> <b>377 Oak Street, Suite 401</b> <b>Garden City, NY 11530</b>	<b>Benjamin Development Company, Inc.</b> Occupation <b>Real Estate Developer</b>	<b>11-01-00</b>	<b>\$2,000.00</b>
E. Full Name, Mailing Address and ZIP	Name of Employer	Date (mo-dy-yr)	Amount
	Occupation		

SIGNATURE (optional)	DATE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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FEC FORM 6

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE**  
**FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
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PREPARER  
n/a

DATE PREPARED  
n/a