

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL Pete King for Congress			
ADDRESS (number and street) P.O. Box 1428			
CITY, STATE, and ZIP CODE SEAFORD, NY 11783			
2. NAME OF CANDIDATE PETER T. KING		3. OFFICE Sought (State and District) House	
4. IDENTIFICATION NUMBER			
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			
A. Full Name, Mailing Address and ZIP Code NARFE-PAC 1533 New Hampshire Ave, NW Washington, DC 20036		Name of Employer Occupation	
B. Full Name, Mailing Address and ZIP Code Nassau County Federal CARPENTERS Political Action Fund 91 Carolyn Blvd. Farmingdale, NY 11735		Name of Employer Occupation	
C. Full Name, Mailing Address and ZIP Code BANKERS TRUST N.Y. Corporation PAC - Federal 130 LIBERTY STREET New York, NY 10006		Name of Employer Occupation	
D. Full Name, Mailing Address and ZIP Code DAVID W. GLENN 448 Seneca Blvd. GREAT FALLS, VA 22066		Name of Employer FEDERAL HOME LOAN MORTGAGE CORP. Occupation President's Chief Operating Officer	
E. Full Name, Mailing Address and ZIP Code CHERIE W. GLENN 448 Seneca Blvd. GREAT FALLS, VA 22066		Name of Employer Occupation Housewife	
SIGNATURE (optional)		DATE	For further information contact: Federal Election Commission 899 E Street, NW, Washington, DC 20463 Toll Free 800-424-9630, Local 202-219-3420

FEC FORM 6
(11/83)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION PAL		11/1/96	\$3,000
1750 NEW YORK AVE, NW	Occupation		
WASHINGTON, DC 20006			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		

SIGNATURE (optional)	DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9590, Local 202-219-3420
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FEC FORM 6
(11/93)

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.

☐ Hand Delivered	DATE OF RECEIPT
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☐ Received from the Senate Office of Public Records	DATE OF RECEIPT
☒ Other (Specify):	POSTMARKED
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The document preceding this page was received at a FAX machine at the Federal Election Commission. The receiving FAX machine has printed at the bottom of each page the receiving date, the time received, the phone number of the transmitting machine, and the sequential page number.	
PREPARER n/a	DATE PREPARED n/a