

CERTIFIED MAIL

JAN 28 1994

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Pete King for Congress Comm.		2. FEC IDENTIFICATION NUMBER 151930 C00272211
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 1428		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Seaford, New York 11783	STATE/DISTRICT 3rd	

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)
- ☐ Termination Report
- ☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- ☐ Thirtieth day report following the General Election on _____ in the State of _____

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 1, through Dec. 31 1993		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	75,215.00	110,642.66
(b) Total Contribution Refunds (from Line 20(d)).	500.00	620.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	74,715.00	110,022.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).	14,419.91	32,798.81
(b) Total Offsets to Operating Expenditures (from Line 14)	—	2,915.69
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)).	14,419.91	29,883.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	84,718.83	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
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)	—	

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 A. Turner

Signature of Treasurer

Eugene A. Turner

Date

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)

1994 JAN 31 AM 10:32

DETAILED SUMMARY PAGE

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

Name of Committee (in full) PETE KING FOR CONGRESS COMMITTEE		Report Covering the Period: From: JULY 1, 1993 To: DEC. 31, 1993	
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)		7650.00	11(a)(i)
(ii) Unitemized		14,765.00	11(a)(ii)
(iii) Total of contributions from individuals		22,415.00	50,642.66 11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)		52,800.00	69000.00 11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		75,215.00	110,642.66 11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			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.)			2915.69 14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		75,215.00	113,558.35 16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		14,419.91	32,798.81 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		2500.00	2,500.00 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		500.00	620.00 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))		500.00	620.00 20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		17,419.91	35,918.81 22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 26,923.74	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 75,215.00	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 102,138.74	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).		\$ 17,419.91	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).		\$ 84,718.83	27

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 3
FOR LINE NUMBER
11a i

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)

1

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Bernard Ames 362 Maryland Avenue Freeport NY 11520 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ferguson Propelle Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/1/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Christopher Aspinall 224-34 76th Avenue Bayside NY 11364 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer North Shore Hosp. Occupation Asst. Admin. Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/11/93	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Hajdar Bajraktari 617 East 188th Street Bronx NY 10458 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/12/93	Amount of Each Receipt this Period \$400.00
D. Full Name, Mailing Address and ZIP Code Alvin Benjamin 377 Oak Street Garden City NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Benjamin Contract Occupation developer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/19/93	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code John Buckley 5727 Potomac Avenue, NW Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. request Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/2/93	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Bill Carney 523 7th Street Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. request Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/9/93	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Michael Dillon 137 Braunsdorf Road Pearl River NY 10965 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fern Cliff House Occupation Owner/Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/20/93	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

2900.00

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 3
FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Pete Kung for Congress Committee

2

A. Full Name, Mailing Address and ZIP Code John Duffy 411 Asbury Ridge Road Shelton CT 06484-4877 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Info request</i> Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/19/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Christopher Henry 350 5th Avenue, Ste/ 7219 New York NY 10118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/25/93	Amount of Each Receipt this Period \$250.00
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Burton Lipman 1939 Leslie Lane Merrick NY 11566 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mr. Beauty Equip. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/15/93	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Lawrence J. Longua 124 Southard Avenue Rockville Centre NY 11570 Receipt For: <input 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) 7/1/93	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code John F. Mills 1225 Franklin Avenue, Rm.450 Garden City NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 7/21/93	Amount of Each Receipt this Period \$1,500.00
G. Full Name, Mailing Address and ZIP Code Thomas B. Poole 4270 Austin Boulevard Island Park NY 11558 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hallen Construct. Occupation President CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/7/93	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

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 **3**
FOR LINE NUMBER
11 a 1

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NAME OF COMMITTEE (in Full)

3

A. Full Name, Mailing Address and ZIP Code Seward and Kissel 1200 G Street NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer same Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/9/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Philip Shapiro 18 Old Wheatley Road Brookville NY 11545 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info. request Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/27/93	Amount of Each Receipt this Period \$1,000.00
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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)

1500.00

TOTAL This Period (last page this line number only)

7650.00

11-10-93

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 1 OF 13
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

1

A. Full Name, Mailing Address and ZIP Code

AFSCME
1625 L Street NW
Washington
DC 20036Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/17/93

Amount of Each
Receipt this Period

\$1,000.00

Occupation

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

B. Full Name, Mailing Address and ZIP Code

ALPA PAC
1625 Massachusetts Ave., NW
Washington
DC 20036Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/9/93

Amount of Each
Receipt this Period

\$1,000.00

Occupation

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

C. Full Name, Mailing Address and ZIP Code

American Bankers Association
1120 Connecticut Avenue NW
Washington
DC 20036Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

7/19/93

Amount of Each
Receipt this Period

\$1,000.00

Occupation

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

D. Full Name, Mailing Address and ZIP Code

American Express PAC
1020 19th Street, NW
Washington
DC 20036Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

7/27/93

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

American Financial Services PAC
919 18th Street, NW
Washington
DC 20006Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

7/22/93

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

American International Gp. PAC
1455 Pennsylvania Avenue, NW
Washington
DC 20004Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/11/93

Amount of Each
Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

American Maritime Officer PAC
650 Fourth Avenue
Brooklyn
NY 11232Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

7/1/93

Amount of Each
Receipt this Period

\$1,000.00

Occupation

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE OF
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FOR LINE NUMBER
11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Comm

2

A. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Avenue NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/19/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$350.00
B. Full Name, Mailing Address and ZIP Code American Optometric Asso. PAC 1505 Prince Street, Ste. 300 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 > \$	Date (month, day, year) 8/16/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code American Pilots Asso. PAC 1025 Thomas Jefferson St. NW Washington DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/1/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code American Postal Workers Union 1300 L Street, NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/13/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code American Waterways Operator PAC 1600 Wilson Blvd., STE. 1000 Arlington VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/21/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code AOA-PAC 1505 Prince Street, Ste. 300 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 > \$	Date (month, day, year) 8/20/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Asso. of Bank Holding Co. PAC 730 15th Street, NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/19/93 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

3350.00

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

PAGE	OF
3	13
FOR LINE NUMBER	
11C	

NAME OF COMMITTEE (in Full)

3

A. Full Name, Mailing Address and ZIP Code Associated Credit Bureaus PAC 1090 Vermont Avenue Washington DC 20005-4905 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/21/93 \$500.00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code ASTAPAC 1101 King 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 > \$	Date (month, day, year) 8/19/93 \$250.00	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code AT&T PAC 550 Madison Avenue 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 > \$	Date (month, day, year) 7/20/93 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Barnett People for Better Govt. 50 North Laura Street Jacksonville FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/12/93 \$500.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code BCTD PAC 815 16th Street NW, Rm. 603 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 > \$	Date (month, day, year) 7/16/93 \$500.00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Ben PAC Federal 200 Beneficial Center Peapack NJ 07977 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/93 \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Brown & Williamson Tobacco PAC P.O. Box 35090 Louisville KY 40232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/22/93 \$500.00	Amount of Each Receipt this Period \$500.00

3750.00

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 113
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

4

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Carolina Power & Light PAC P.O. Box 1510 CPB 20C5 Raleigh NC 27602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/1/93 Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Carolina Power and Light PAC P.O. Box 1510, CPB 20C5 Raleigh NC 27602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/19/93 Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code CBANTS-PAC P.O. Box 325 G.C. Station New York NY 10163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/93 Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Chemical Bank Fund for Good Gov 270 Park Avenue New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/16/93 Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Citicorp Voluntary PAC 1101 Pennsylvania Ave. 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 > \$	Date (month, day, year) 7/20/93 Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code COM PAC 900 19th Street, NW, STE.400 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 > \$	Date (month, day, year) 7/21/93 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Comm. of Letter Carriers PAC 100 Indiana 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 > \$	Date (month, day, year) 11/10/93 Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

5

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Committee for Responsible Govt. P.O. Box 26666 Richmond VA 23261 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) 11/15/93	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Commodity Futures PAC 30 S. Wacker Drive Chicago IL 60606 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) 7/30/93	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code CONPAC 1300 North 17th Street Arlington VA 22209 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) 7/21/93	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Consumers Power Co PAC 212 West Michigan Avenue Jackson MI 49201 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) 11/4/93	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Credit Union PAC 805 15th Street, NW Ste. 300 Washington DC 20005 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) 8/11/93	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Dean Witter, Discover PAC 2 World Trade Center, FL.56 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 > \$ 500.00	Date (month, day, year) 7/1/93	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Detroit Edison PAC 2000 Second Avenue Detroit MI 48226 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) 11/9/93	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

6

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Fireman's Fund Insurance PAC 777 San Marin Drive Novato CA 94945 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 7/13/93	Amount of Each Receipt this Period \$400.00
B. Full Name, Mailing Address and ZIP Code First Boston Corp. PAC 1155 21st 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 > \$ 500.00	Date (month, day, year) 7/22/93	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Fleet Financial Group PAC 50 Kennedy Plaza Providence RI 02903 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) 8/16/93	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Ford Motor Comp. 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) 9/24/93	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code General Electric PAC 1331 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) 7/21/93	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code GPU Power 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 > \$ 250.00	Date (month, day, year) 11/9/93	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) 8/11/93	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

3650.00

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NAME OF COMMITTEE (in Full)

8

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code McGrath for Congress Comm. P.O. Box 633 Valley Stream NY 11582 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) 10/22/93	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code MEBA PAC 444 North Capital Street 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) 8/11/93	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Merrill Lynch PAC 3000 K Street NW, STE 620 Washington DC 20007 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) 7/28/93	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code MetLife PAC 1620 L Street, Suite 800 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) 8/9/93	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Morgan PAC 60 Wall Street New York NY 10260 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) 8/21/93	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code NACSA PAC 316 Penna Avenue SE Ste. 400 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 > \$ 500.00	Date (month, day, year) 7/9/93	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code NADA Pac 8400 Westpark Drive McLean VA 22102 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) 8/8/93	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

5,000.00

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

7

A. Full Name, Mailing Address and ZIP Code Independent Insurance Agent PAC 412 First Street, SE, Ste300 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 > \$	Date (month, day, year) 11/15/93 Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Insur Pac 412 First Street SE, Ste.300 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 > \$	Date (month, day, year) 7/1/93 Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Int'l Longshoremans Asso. PAC 17 Battery Place New York NY 10004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/16/93 Amount of Each Receipt this Period \$2,500.00
D. Full Name, Mailing Address and ZIP Code Ironworkers 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 > \$	Date (month, day, year) 7/1/93 Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Life Insurance PAC 1001 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 > \$	Date (month, day, year) 11/11/93 Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Polit. 9000 Machinist Place Upper Marlboro MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/12/93 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Masters, Mates and Pilots PAC 700 Maritime Boulevard Linthicum Heights MD 21090 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/4/93 Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$500.00

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

9

A. Full Name, Mailing Address and ZIP Code NALLPAC 2600 River Road Des Plaines IL 60018 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/19/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code NALU PAC 1922 F 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 > \$	Date (month, day, year) 7/21/93	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Nat'l Asso. of Insur. BrokerPAC 1401 New York Avenue, NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/9/93	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code National Albanian American PAC P.O. Box 32039 Palm Beach Gardens FL 33410 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/5/93	Amount of Each Receipt this Period \$2,000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/93	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code National Right to Life PAC 419 7th Street, 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 > \$	Date (month, day, year) 7/20/93	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Nationsbank Corp. PAC 100 North Tryon Street Charlotte NC 28202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/6/93 7/15/93	Amount of Each Receipt this Period \$1,000.00 500.00

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5500.00

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NAME OF COMMITTEE (in Full)

10

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Nationsbank Corporation 100 North Tryon Street Charlotte NC 28202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/93 \$500.00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Natl' Assoc. of Home Build. PAC 15th and M Streets, NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/28/93 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code New York Life PAC 51 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 > \$	Date (month, day, year) 8/10/93 11/1/93 \$1,000.00	Amount of Each Receipt this Period \$500.00 \$500.00
D. Full Name, Mailing Address and ZIP Code NFL PAC P.O. Box 2301 Arlington VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/1/93 \$250.00	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Niagara Mohawk Mgt. PAC P.O. Box 7102 Syracuse NY 13261 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/30/93 \$250.00	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code NY Telephone PAC 1095 Avenue of the Americas New York NY 10036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/6/93 \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code NYS Electric and Gas Corp. PAC 4500 Vestal Parkway East Binghamton NY 13902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/9/93 \$250.00	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

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NAME OF COMMITTEE (in Full)

11

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code NYSEG PAC 4500 Vestal Parkway East Binghamton NY 13902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/28/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Penney PAC P.O BOX 227481 Dallas TX 75222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/11/93	Amount of Each Receipt this Period \$500.00
C. 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 > \$	Date (month, day, year) 12/21/93	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Prudential Ins. of Amer. PAC 1140 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 > \$	Date (month, day, year) 10/21/93	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Public Ser. Elec. & Gas PAC 80 Park Plaza Newark NJ 07101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 12/28/93	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 > \$	Date (month, day, year) 7/27/93	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Sea-Land Employees PAC 1331 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 > \$	Date (month, day, year) 7/20/93	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

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NAME OF COMMITTEE (In Full)

12

Pete King for Congress Committee

<p>A. Full Name, Mailing Address and ZIP Code SECURA Pac 1155 21st Street, NW Ste.850 Washington DC 20036</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 > \$ 500.00</p>	<p>Date (month, day, year) 7/6/93</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SERVAC 1776 I Street, NW 275 Washington DC 20006</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 > \$ 250.00</p>	<p>Date (month, day, year) 11/1/93</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code SIA PAC 1850 M Street, NW Suite 550 Washington DC 20036</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 > \$ 500.00</p>	<p>Date (month, day, year) 7/21/93</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Southern Comp. Services PAC 64 Perimeter Center East Atlanta GA 30346</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 > \$ 250.00</p>	<p>Date (month, day, year) 11/10/93</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Texaco PAC 1050 17th Street, NW Washington DC 20036</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 > \$ 500.00</p>	<p>Date (month, day, year) 8/29/93</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Union Pacific PAC NY</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 > \$ 500.00</p>	<p>Date (month, day, year) 7/26/93</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code UPSPAC 316 Pennsylvania Avenue SE Washington DC 20003</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 > \$ 3,000.00</p>	<p>Date (month, day, year) 8/12/93</p>	<p>Amount of Each Receipt this Period \$3,000.00</p>

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5500.00

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NAME OF COMMITTEE (in Full)

13

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code USAA Group PAC 655 15th Street NW Ste. 400 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/15/93	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code VFW PAC 200 Maryland Avenue, NE Washington DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/93	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Yankee Pac 580 Main Street Bolton MA 01740 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/15/93	Amount of Each Receipt this Period \$300.00
D. Full Name, Mailing Address and ZIP Code I.B.E.W. COPE 1125 15 ST. NW WASHINGTON, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/19/93	Amount of Each Receipt this Period 500.00
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)

1800.00

TOTAL This Period (last page this line number only)

52,800.00

11-00000-10-10

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code D'Amato Victory Committee P.O. Box 888 Mineola, NY 11501	Purpose of Disbursement ticket purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/26/93	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code John Mills 1225 Franklin Avenue Garden City, NY 11530	Purpose of Disbursement refund of excess cont. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/28/93	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/93 7/8/93 12/13/93	Amount of Each Disbursement This Period 290.00 29.00 29.00
D. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/3/93 11/16/93 12/7/93	Amount of Each Disbursement This Period 290.00 290.00 377.00
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Purpose of Disbursement box rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/93	Amount of Each Disbursement This Period 24.50
F. Full Name, Mailing Address and ZIP Code American Express P.O. Box 114 Newark, NJ 07101	Purpose of Disbursement train tix plane tickets, hotel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/93 9/30/93 10/28/93	Amount of Each Disbursement This Period 546.00 287.00 81.14
G. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Same Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/8/93 12/30/93	Amount of Each Disbursement This Period 150.00 96.00
H. Full Name, Mailing Address and ZIP Code Delta Airlines National Airport Washington, DC	Purpose of Disbursement plane tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 546.00 memo 287.00 memo 150.00 memo
I. Full Name, Mailing Address and ZIP Code Amtrak Union Station Washington, DC	Purpose of Disbursement train tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 96.00 memo

SUBTOTAL of Disbursements This Page (optional)

3389.64

TOTAL This Period (last page this line number only)

44-38861-140-14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Morris Inn Notre Dame Indiana	Purpose of Disbursement hotel room Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-28-93	Amount of Each Disbursement This Period 81.14 memo
B. Full Name, Mailing Address and ZIP Code A Moveable Feast 5903 Riggs Road Hyattsville, MD 20783	Purpose of Disbursement catering-fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-8-93 8-2-93	Amount of Each Disbursement This Period 780.00 415.90
C. Full Name, Mailing Address and ZIP Code Thomas Lankford P.O. Box 1504 Washington, DC 20013	Purpose of Disbursement printing, letterhead envelopes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-8-93 8-2-93	Amount of Each Disbursement This Period 944.75 98.70
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-30-93 12-3-93	Amount of Each Disbursement This Period 20.00 98.84
E. Full Name, Mailing Address and ZIP Code Hofstra University Hempstead, New York 11550	Purpose of Disbursement fundraising breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-19-93 11-29-93	Amount of Each Disbursement This Period 513.70 60.00
F. Full Name, Mailing Address and ZIP Code Friends for Parola 775 Wantagh Avenue Wantagh, NY 11793	Purpose of Disbursement ticket purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-2-93	Amount of Each Disbursement This Period 200.00
G. Full Name, Mailing Address and ZIP Code Nassau County Republic Comm. 164 Post avenue Westbury, NY 11590	Purpose of Disbursement ticket and contrib Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-9-93 8-2-93 8-20-93	Amount of Each Disbursement This Period 1,000.00 100.00 500.00
H. Full Name, Mailing Address and ZIP Code Quicks Photo Bellmore Avenue Bellmore, New York 11710	Purpose of Disbursement photo printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-10-93 8-9-93	Amount of Each Disbursement This Period 76.17 37.90
I. Full Name, Mailing Address and ZIP Code Nassau Conservative Comm. 1197 Willow Street Uniondale, NY 11553	Purpose of Disbursement ticket purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-27-93	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Disbursements This Page (optional)

5145.96

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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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 Betty's Flowers and Gifts 3876 Merrick Road Seaford, NY 11783	Purpose of Disbursement flowers for constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9.13.93 10.18.93	Amount of Each Disbursement This Period 147.57 48.83
B. Full Name, Mailing Address and ZIP Code Ralph Jones 2500 Q Street, NW Washington, DC 20007	Purpose of Disbursement Holiday Cards Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10.13.93	Amount of Each Disbursement This Period 770.00
C. Full Name, Mailing Address and ZIP Code National Republican Cong. Comm. 320 First Street, SE Washington, DC 20003	Purpose of Disbursement political transfer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11.4.93	Amount of Each Disbursement This Period 2500.00
D. Full Name, Mailing Address and ZIP Code Richner Publications 379 Central Avenue Lawrence, NY 11559	Purpose of Disbursement holiday ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12.30.93	Amount of Each Disbursement This Period 217.00
E. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 8507 Hicksville, NY 11803	Purpose of Disbursement photos, meals, parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7.13.93 8.11.93 9.13.93	Amount of Each Disbursement This Period 139.23 153.80 130.47
F. Full Name, Mailing Address and ZIP Code Same	Purpose of Disbursement same Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10.5.93 11.18.93 12.9.93	Amount of Each Disbursement This Period 642.46 628.44 64.85
G. Full Name, Mailing Address and ZIP Code Quicks Photo Bellmore Avenue Bellmore, New York 11710	Purpose of Disbursement photos Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 554.54 memo
H. Full Name, Mailing Address and ZIP Code Abco Art Sunrise Highway Bellmore, NY 11710	Purpose of Disbursement framing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 506.89 memo
I. Full Name, Mailing Address and ZIP Code Bullfeathers Restaurant C Street, SE Washington, DC	Purpose of Disbursement constituent meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 23.87 memo

SUBTOTAL of Disbursements This Page (optional)

5442.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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 Members Dining Room House of Representatives Washington DC 20515	Purpose of Disbursement constituent meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 122.75 memo
B. Full Name, Mailing Address and ZIP Code Latraviata Restaurant Brooklyn, NY	Purpose of Disbursement constituent meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 31.80 memo
C. Full Name, Mailing Address and ZIP Code Blockbuster Video	Purpose of Disbursement Blank tapes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 25.13 memo
D. Full Name, Mailing Address and ZIP Code East Point Inn Main Street East Rockaway, NY 11518	Purpose of Disbursement constituent meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 201.60 memo
E. Full Name, Mailing Address and ZIP Code Dubliner Pub	Purpose of Disbursement constituent meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 132.70 memo
F. Full Name, Mailing Address and ZIP Code Kiney Parking 211 E. 53rd St. New York, New York	Purpose of Disbursement parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 14.00 memo
G. Full Name, Mailing Address and ZIP Code Peter T. King 1442 Roth Road Seaford, NY 11783	Purpose of Disbursement reimbursement, gifts tolls, taxi, parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7.15.93 8.16.93	Amount of Each Disbursement This Period 297.00 75.40
H. Full Name, Mailing Address and ZIP Code Same	Purpose of Disbursement Same Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10.28.93 12.13.93	Amount of Each Disbursement This Period 131.87 94.48
I. Full Name, Mailing Address and ZIP Code Same	Purpose of Disbursement Same Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12.15.93 12.29.93	Amount of Each Disbursement This Period 20.75 64.85

SUBTOTAL of Disbursements This Page (optional)

684.36

TOTAL This Period (last page this line number only)

14,662.61

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred: _____			
B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. _____			
G. COMMITTEE TREASURER			DATE
TYPED NAME		SIGNATURE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME		SIGNATURE	