

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

PETE KING FOR CONGRESS COMMITTEE

ADDRESS (number and street)  
▼

P.O. Box 1428

☐Check if different  
than previously  
reported. (ACC)

Seaford

NY

11783

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00272211

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

NY

3

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

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

Anne Rosenfeld

Signature of Treasurer

Electronically Filed by Anne Rosenfeld

Date

07

12

2007

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

PETE KING FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	8065.00	502670.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8065.00	502670.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19995.56	1790986.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	220.93
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19995.56	1790765.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	292844.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

PETE KING FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

5850.00

254016.00

(ii) Unitemized.....

1215.00

43454.00

(iii) TOTAL of contributions

7065.00

297470.00

from individuals..... ▶

0.00

3000.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

1000.00

202200.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

8065.00

502670.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0.00

220.93

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

8065.00

502890.93

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	19995.56	1790986.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	125.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ➤	19995.56	1791811.78

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	304775.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	8065.00
25. SUBTOTAL (add Line 23 and Line 24).....	312840.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19995.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	292844.56

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Conway Mailing Address 892 North Broadway City North Massapequa State NY Zip Code 11758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Podiatrist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.17878 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Beau Dietl Mailing Address 220 East 42nd Street Suite 3500 City New York State NY Zip Code 10017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dietl & Associates Occupation Security Expert Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.17869 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Terrence A. Elkes Mailing Address 12 Trails End City Rye State NY Zip Code 10580 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Apollo Partners LLC Occupation VP Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.17872 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

**3350.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Kassen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 315 North Avenue		<b>Transaction ID:</b> SA11A1.17864
City Westport	State CT	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Media Link	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Aden King		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 1215 East Fort Avenue		<b>Transaction ID:</b> SA11A1.17870
City Baltimore	State MD	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer King Partners	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Mandel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 211 East 70th Street		<b>Transaction ID:</b> SA11A1.17865
City New York	State NY	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mandel Vision	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Pinto		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 199 Montecito Crescent		<b>Transaction ID:</b> SA11A1.17874	
City Melville	State NY	Zip Code 11747	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Philip Weber		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 7 Oxford Street		<b>Transaction ID:</b> SA11A1.17879	
City Northport	State NY	Zip Code 11768	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Team Construction	Occupation VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

5850.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Cablevision Systems Corp. PAC

Mailing Address 111 Steward Avenue

City State Zip Code  
 Bethpage NY 11714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11C.17871

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Bar Harbour Gallery

Mailing Address 1011 Park Boulevard

City Massapequa Park State NY Zip Code 11792

Purpose of Disbursement  
framing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12675

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

322.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Bar Harbour Gallery

Mailing Address 1011 Park Boulevard

City Massapequa Park State NY Zip Code 11792

Purpose of Disbursement  
framing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12685

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1206.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Classic Services Cleaning

Mailing Address 7 Monroe Street

City Rockville Centre State NY Zip Code 11570

Purpose of Disbursement  
Cleaning of HQ 9/06 -11/06

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12678

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2179.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. FDNY Emerald Society**

Mailing Address 16 Suffolk Way

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
journal ad

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12686

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. First Impressions**

Mailing Address 25 Adams Court

City Plainview State NY Zip Code 11803

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12697

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2426.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Ford Motor Credit**

Mailing Address Post Office Box 220564

City Pittsburgh State PA Zip Code 15257

Purpose of Disbursement  
car payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

543.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3470.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** LIPA

Mailing Address Old Country Road

City Hicksville State NY Zip Code 11801

Purpose of Disbursement  
electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12696

Date of Disbursement

/   /

Amount of Each Disbursement this Period

224.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** LIPA

Mailing Address Old Country Road

City Hicksville State NY Zip Code 11801

Purpose of Disbursement  
electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12680

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** LIPA

Mailing Address Old Country Road

City Hicksville State NY Zip Code 11801

Purpose of Disbursement  
electricity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12674

Date of Disbursement

/   /

Amount of Each Disbursement this Period

224.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

499.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. Petty Cash**

Mailing Address PO Box 1428

City  
Seaford

State  
NY

Zip Code  
11783

Purpose of Disbursement  
petty cash

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Tarallo's**

Mailing Address 1700 Washington Avenue

City  
Seaford

State  
NY

Zip Code  
11783

Purpose of Disbursement  
catering election night

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12692

Date of Disbursement

/   /

Amount of Each Disbursement this Period

770.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Verizon Wireless**

Mailing Address PO Box 64268

City  
Baltimore

State  
MD

Zip Code  
21264

Purpose of Disbursement  
cell phone charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12683

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1261.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. Verizon Wireless**

Mailing Address PO Box 64268

City Baltimore State MD Zip Code 21264

Purpose of Disbursement  
cell phone charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.12682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

596.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Verizon Wireless**

Mailing Address PO Box 64268

City Baltimore State MD Zip Code 21264

Purpose of Disbursement  
cell phone charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.12691

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **C. Worth Management**

Mailing Address 1180 Hempstead Turnpike

City East Meadow State NY Zip Code 11553

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.12699

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1037.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. American Express Centurion Bank**

Mailing Address Suite 0002

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
credit card

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12700

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10837.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. Autumn Publishing**

Mailing Address Post Office Box 1530

City  
Vienna

State  
VA

Zip Code  
22183

Purpose of Disbursement  
christmas cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12705

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4420.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Memo

Full Name (Last, First, Middle Initial)

## **C. Jackson Place Gift Shop**

Mailing Address 748 Jackson Place NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12716

Date of Disbursement

/   /

Amount of Each Disbursement this Period

484.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Memo

**SUBTOTAL** of Disbursements This Page (optional) .....

10837.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 PETE KING FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Thom Thom Steakhouse

Mailing Address Park Avenue

City Wantagh State NY Zip Code 11793

Purpose of Disbursement  
dinner

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12711

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3195.24

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Memo

Full Name (Last, First, Middle Initial)

**B.** United States Post Office

Mailing Address Merrick Road

City Seaford State NY Zip Code 11783

Purpose of Disbursement  
stamps

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5166.09

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Memo

Full Name (Last, First, Middle Initial)

**C.** US Air

Mailing Address Ronald Reagan National Airport

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
ticket

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12717

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.60

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

Memo

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

19285.67