

CERTIFIED MAIL REPORT OF RECEIPTS AND DISBURSEMENTS

APR 09 1994

For An Authorized Committee
(Summary Page)

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U.S. HOUSE OF REPRESENTATIVES

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

PETE KING FOR CONGRESS COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 1428

CITY, STATE and ZIP CODE

SEAFORD, N.Y. 11783

STATE/DISTRICT

NY 3

2. FEC IDENTIFICATION NUMBER

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☒ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

_____ in the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains
activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
JAN. 1, 1994 through MARCH 31, 1994		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	56,539.00	56,539.00
(b) Total Contribution Refunds (from Line 20(d))	—	—
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	56,539.00	56,539.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15,312.15	15,312.15
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	15,312.15	15,312.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	125,945.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

4/9/94

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

FEC FORM 3

(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) <u>PETE KING FOR CONGRESS COMMITTEE</u>		Report Covering the Period: From: <u>1/1/94</u> To: <u>3/31/94</u>	
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)	<u>8500.00</u>		11(a)(i)
(ii) Unitemized	<u>17839.00</u>		11(a)(ii)
(iii) Total of contributions from individuals	<u>26,339.00</u>	<u>26,339.00</u>	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)	<u>30,200.00</u>	<u>30,200.00</u>	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	<u>56,539.00</u>	<u>56,539.00</u>	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.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		<u>56,539.00</u>	<u>56,539.00</u> 16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		<u>15,312.15</u>	<u>15,312.15</u> 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		<u>15,312.15</u>	<u>15,312.15</u> 22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ <u>84,718.83</u>	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ <u>56,539.00</u>	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ <u>141,257.83</u>	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ <u>15,312.15</u>	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ <u>125,945.68</u>	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11A1

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)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Bernard Ames 362 Maryland Avenue Freeport NY 11520	Name of Employer Ferguson Propeller Inc.	Date (month, day, year) 2/14/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation CEO		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Christopher Aspinall 224-34 76th Avenue Bayside NY 11364	Name of Employer North Shore Hosp.	Date (month, day, year) 2/8/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Asst. Admin.		
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code James Bredin 2 Maggiolo Drive Pearl River NY 10965	Name of Employer post office	Date (month, day, year) 2/15/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation custodian		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Joseph P. Daly 1605 S. Barton Street Arlington VA 22204	Name of Employer self	Date (month, day, year) 2/6/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney		
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Ujjal Dhatt 9786 Angel Court Stockton CA 95209	Name of Employer Info. Request	Date (month, day, year) 2/20/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Thomas M Dyer 600 New Hampshire Avenue, NW Washington DC 20037	Name of Employer Info. Request	Date (month, day, year) 2/24/94	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Alan Fortunoff Seven Forte Drive Old Westbury NY 11568	Name of Employer self	Date (month, day, year) 2/18/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation businessman		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

4250.00

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 **2** OF **2**
FOR LINE NUMBER
11A 1

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Thomas L. Mills 643 Ranger Ct, Harbor Hills Davidsonville MD 21035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>INFO. REQUEST</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/24/94 \$250.00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code John T. O'Rourke 2628 South Fern Street Arlington VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>INFO. REQUEST</i> Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/16/94 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Carole O'Sullivan Four Bridle Path Drive Old Westbury NY 11590 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation housewife Aggregate Year-to-Date > \$	Date (month, day, year) 3/7/94 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Kevin O'Sullivan 4 Bridle Path Drive Old Westbury NY 11590 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 3/7/94 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Thomas B. Poole 4270 Austin Boulevard Island Park NY 11558 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hallen Construct. Occupation President CEO Aggregate Year-to-Date > \$	Date (month, day, year) 2/4/94 \$500.00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Seward & Kissel One Bettery Park Plaza New York NY 10004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer same <i>new partnership</i> Occupation attorneys Aggregate Year-to-Date > \$	Date (month, day, year) 2/14/94 \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Thomas V. Walsh 344 Knollwood Lane Seaford NY 11783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NC DPW Occupation Superintendent Aggregate Year-to-Date > \$	Date (month, day, year) 2/10/94 \$500.00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

8500.00

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 1 OF 8
FOR LINE NUMBER 11C

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)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Goldman Sachs Partners PAC 1101 Penn Avenue, Ste.900 Washington DC 20004	Name of Employer Occupation	Date (month, day, year) 1/1/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code American International Gp. PAC 1455 Pennsylvania Avenue, NW Washington DC 20004	Name of Employer Occupation	Date (month, day, year) 2/21/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Mortgage Insurance PAC 727 15th Street NW Washington DC 20005	Name of Employer Occupation	Date (month, day, year) 2/14/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code American Maritime Officers PAC 650 Fourth Avenue Brooklyn NY 11232	Name of Employer Occupation	Date (month, day, year) 2/18/94	Amount of Each Receipt this Period \$1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code Barnett People for Better Govt 50 North Laura Street Jacksonville FL 32202	Name of Employer Occupation	Date (month, day, year) 2/14/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Prudential Securities PAC 199 Water Street New York NY 10292	Name of Employer Occupation	Date (month, day, year) 2/9/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Grumman PAC 1111 Stewart Avenue Bethpage NY 11714	Name of Employer Occupation	Date (month, day, year) 2/14/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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 PAGE 2 OF 19
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Merrill Lynch PAC 3000 K Street NW, STE 620 Washington DC 20007	Name of Employer Occupation	Date (month, day, year) 2/21/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Commodity Futures PAC 30 S. Wacker Drive Chicago IL 60606	Name of Employer Occupation	Date (month, day, year) 2/10/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Nat'l Comm. to Preserve SS & 2000K Street NW Ste. 800 Washington DC 20006	Name of Employer Occupation	Date (month, day, year) 2/23/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code NARFE PAC 1533 New Hampshire Avenue NW Washington DC 20036	Name of Employer Occupation	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Wine and Spirits Wholesalers 1023 15th Street NW Washington DC 20005	Name of Employer Occupation	Date (month, day, year) 2/22/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code New York Life PAC 51 Madison Avenue New York NY 10010	Name of Employer Occupation	Date (month, day, year) 3/2/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Sprint Corporation PAC P.O.Box 11315 Kansas City MO 64112	Name of Employer Occupation	Date (month, day, year) 2/21/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

4,000.00

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 8
FOR LINE NUMBER
11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code New York Telephone PAC 1095 Avenue of the Americas New York NY 10036	Name of Employer Occupation	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code NFL PAC P.O. Box 2301 Arlington VA 22202	Name of Employer Lent & Scrivner Occupation Consultant	Date (month, day, year) 2/4/94 2/4/94	Amount of Each Receipt this Period \$500.00 \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
C. Full Name, Mailing Address and ZIP Code Dean Witter, Discover PAC 2 World Trade Center, FL.56 New York NY 10048	Name of Employer Occupation	Date (month, day, year) 4/4/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Ironworkers PAC 1750 New York Avenue, NW Washington DC 20006	Name of Employer Occupation	Date (month, day, year) 2/7/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code ALPA PAC 1625 Massachusetts Ave., NW Washington DC 20036	Name of Employer Occupation	Date (month, day, year) 2/10/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code MetLife PAC 1620 L Street, Suite 800 NW Washington DC 20036	Name of Employer Occupation	Date (month, day, year) 2/25/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code SCBA COMFAC 900 1th Street, NW Ste. 400 Washington DC 20006	Name of Employer Occupation	Date (month, day, year) 3/14/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 8
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. 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 > \$ <u>\$500.00</u>	Date (month, day, year) <u>2/21/94</u>	Amount of Each Receipt this Period <u>\$500.00</u>
B. 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 > \$ <u>\$1,000.00</u>	Date (month, day, year) <u>2/22/94</u>	Amount of Each Receipt this Period <u>\$1,000.00</u>
C. Full Name, Mailing Address and ZIP Code American Bankers Association 1120 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 > \$ <u>\$1,000.00</u>	Date (month, day, year) <u>2/22/94</u>	Amount of Each Receipt this Period <u>\$1,000.00</u>
D. 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 > \$ <u>\$500.00</u>	Date (month, day, year) <u>2/24/94</u>	Amount of Each Receipt this Period <u>\$500.00</u>
E. Full Name, Mailing Address and ZIP Code IBEW COPE 1125 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 > \$ <u>\$500.00</u>	Date (month, day, year) <u>2/10/94</u>	Amount of Each Receipt this Period <u>\$500.00</u>
F. Full Name, Mailing Address and ZIP Code NAIIPAC 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 > \$ <u>\$500.00</u>	Date (month, day, year) <u>2/1/94</u>	Amount of Each Receipt this Period <u>\$500.00</u>
G. 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 > \$ <u>\$1,000.00</u>	Date (month, day, year) <u>2/9/94</u>	Amount of Each Receipt this Period <u>\$1,000.00</u>

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 5 OF 8
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code <u>COMPAC</u> <u>320 Muirfield</u> <u>Winston</u> <u>NC 27104</u> 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) <u>1/1/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
B. Full Name, Mailing Address and ZIP Code <u>American Electric Power PAC</u> <u>801 Pennsylvania Avenue NW</u> <u>Washington</u> <u>DC 20004</u> 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) <u>1/1/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
C. Full Name, Mailing Address and ZIP Code <u>Ben PAC</u> <u>453 New Jersey Avenue SE</u> <u>Washington</u> <u>DC 20003</u> 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) <u>2/24/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
D. Full Name, Mailing Address and ZIP Code <u>House PAC</u> <u>2700 Sanders Road</u> <u>Prospect Heights</u> <u>IL 60070</u> 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) <u>2/17/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
E. Full Name, Mailing Address and ZIP Code <u>CULAC</u> <u>805 15th Street NW Ste. 300</u> <u>Washington</u> <u>DC 20005</u> 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) <u>2/22/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
F. Full Name, Mailing Address and ZIP Code <u>CBANYS PAC</u> <u>P.O. Box 325</u> <u>Grant Central Station NY</u> <u>NY 10163</u> 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) <u>2/22/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>
G. Full Name, Mailing Address and ZIP Code <u>Exxon PAC</u> <u>P.O. Box 2180</u> <u>Houston</u> <u>TX 77001</u> 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) <u>3/1/94</u> Aggregate Year-to-Date > \$	Amount of Each Receipt this Period <u>\$500.00</u>

SUBTOTAL of Receipts This Page (optional)

3500.00

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 6 OF 8
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Natl Asso of Federal Credit P.O. Box 3769 Washington DC 20007		Name of Employer Occupation	Date (month, day, year) 2/16/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Morgan Companies PAC 60 Wall Street New York NY 10260		Name of Employer Occupation	Date (month, day, year) 2/14/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code American Optometric Asso. PAC 1505 Prince Street Ste.300 Alexandria VA 22314		Name of Employer Occupation	Date (month, day, year) 2/22/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code The First Boston Corp. PAC 55 East 52nd St, 37th Floor New York NY 10055		Name of Employer Occupation	Date (month, day, year) 2/24/94	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code AGSHF Civic Action Committee 1333 New Hampshire Ave. NW Washington DC 20036		Name of Employer Occupation	Date (month, day, year) 2/24/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code American Council of Life Ins. 1001 Pennsylvania Ave NW Washington DC 20004-2599		Name of Employer Occupation	Date (month, day, year) 2/15/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Chemical Bank Fund for Good 270 Park Avenue New York NY 10017		Name of Employer Occupation	Date (month, day, year) 2/15/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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OF 8
FOR LINE NUMBER
11C

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NAME OF COMMITTEE (in Full)

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 > \$	Date (month, day, year) 3/7/94 Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Bldg. & Const. Trades PAC 815 16th St. NW Room 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) 3/7/94 Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Independent Bankers PAC 1 Thomas Circle NW Ste. 950 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) 3/1/94 Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code AICPA Effective Leg. Comm. 1455 Pennsylvania Avenue NW Washington DC 20004-1081 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) 2/17/94 Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Ford Motor Company PAC 2701 Grand Concourse Bronx NY 10468 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) 3/21/94 Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Council of Ins. Agents & Broker 316 Pennsylvania Avenue 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 > \$	Date (month, day, year) 3/25/94 Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code American Crystal Sugar PAC 101 North 3rd Street Moorhead MN 56560 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) 3/7/94 Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8
FOR LINE NUMBER
11C

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NAME OF COMMITTEE (in Full)

Pete Kung for Congress Committee

A. Full Name, Mailing Address and ZIP Code Advanta Corp. Employees PAC 650 Naamans Road Claymont DE 19703	Name of Employer Occupation	Date (month, day, year) 2/23/94	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code <i>SEA-LAND EMPLOYEES FUND</i> <i>1331 PENN. AV. NW</i> <i>WASHINGTON, D.C. 20004</i>	Name of Employer Occupation	Date (month, day, year) <i>1/31/94</i>	Amount of Each Receipt this Period <i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

30,200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 2
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 United States Postmaster Longworth Bldg Washington, DC 20515	Purpose of Disbursement box. postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/6/94 1/26/94 2/2/94 2/25/94	Amount of Each Disbursement This Period 24.50 290.00 290.00 290.00
B. Full Name, Mailing Address and ZIP Code Nexus Systems 333 Westbury Blvd Westbury, NY 11590	Purpose of Disbursement computer purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/26/94	Amount of Each Disbursement This Period 3288.31
C. Full Name, Mailing Address and ZIP Code Staples Sunrise Hwy Freeport NY 11520	Purpose of Disbursement computer equip. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/15/94	Amount of Each Disbursement This Period 249.52
D. Full Name, Mailing Address and ZIP Code Thomas Lankford P.O. Box 1504 Washington, DC 20013	Purpose of Disbursement invitations, record reprint, letterhead Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/24/94 3/2/94 3/18/94	Amount of Each Disbursement This Period 489.20 247.10 40.00
E. Full Name, Mailing Address and ZIP Code Edith m Longo 111 Ampel Ave No. Bellmore, NY 11710	Purpose of Disbursement independent contractor computer installation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/8/94 3/11/94	Amount of Each Disbursement This Period 1500.00 50.00
F. Full Name, Mailing Address and ZIP Code Nassau Cty. Republican Comm 164 Post Ave. Westbury, NY 11590	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) 2/8/94 3/17/94	Amount of Each Disbursement This Period 200.00 500.00
G. Full Name, Mailing Address and ZIP Code The Monocle 2nd. D Streets Washington, DC	Purpose of Disbursement fundraiser dinners Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/24/94 3/4/94	Amount of Each Disbursement This Period 325.00 1218.00
H. Full Name, Mailing Address and ZIP Code E. Pira 1665 Paul Lane Seaford, NY 11783	Purpose of Disbursement campaign envelopes return envelopes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/14/94 3/25/94	Amount of Each Disbursement This Period 391.00 391.00
I. Full Name, Mailing Address and ZIP Code Hofstra University Club 225 Hofstra University Hempstead, NY 11550	Purpose of Disbursement congressional club breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/10/94	Amount of Each Disbursement This Period 832.50

SUBTOTAL of Disbursements This Page (optional)

19,616.13

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Pete Kung for Congress Committee

A. Full Name, Mailing Address and ZIP Code Peter T. King 1442 Roth Rd Seaford, NY 11783	Purpose of Disbursement <i>tolls, taxis, parking, photos, tips</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/10/94 3/17/94	Amount of Each Disbursement This Period 107.38 42.00
B. Full Name, Mailing Address and ZIP Code Comp USA Whiting-Stevenson Alexandria, VA	Purpose of Disbursement <i>computer, computer materials</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/20/94 3/28/94	Amount of Each Disbursement This Period 3432.78 24.97
C. Full Name, Mailing Address and ZIP Code Congressional Club 200 New Hampshire NW Washington, DC	Purpose of Disbursement <i>dues-luncheon tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/94 3/11/94	Amount of Each Disbursement This Period 50.00 105.00
D. Full Name, Mailing Address and ZIP Code CHEMICAL BANK P.O. Box 8507 Hicksville, N.Y. 11802	Purpose of Disbursement <i>tolls, taxis, parking fees, constitutions, materials, primary, automobile</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/6/94 1/11/94	Amount of Each Disbursement This Period 173.89 300.00
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/17/94 3/24/94	Amount of Each Disbursement This Period 310.00 150.00
F. Full Name, Mailing Address and ZIP Code U.S. AIR NATIONAL AIRPORT WASHINGTON, D.C.	Purpose of Disbursement <i>AIRLINE TICKETS AS ABOVE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/11/94 2/2/94	Amount of Each Disbursement This Period 300.00 MEMO 150.00 MEMO
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,696.02

TOTAL This Period (last page this line number only)

15,312.15

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____ of _____ for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

2025 RELEASE UNDER E.O. 14176

