

**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 PRINTExample: 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  
REPORTNEW  
(N)

OR

X

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

01

01

2004

through

03

31

2004

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

PK

Signature of Treasurer

Electronically Filed by PK

Date 06 11 2004

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 D D Y Y Y Y To: Y M D D Y Y Y Y  
0 1 0 1 2 0 0 4 0 3 0 1 2 0 0 4

|                                                                                                          | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|----------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(a)).....                                     | 17375.00                | 269743.42                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....                                                 | 0.00                    | 7000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                     | 17375.00                | 262743.42                          |
| 7. Net Operating Expenditures                                                                            |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....                                                  | 22114.64                | 119676.32                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                       | 0.00                    | 6.92                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                               | 22114.64                | 119669.40                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                      | 869146.49               |                                    |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>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 D J Y N N N To: V V U J Y Y Y Y  
0 1 0 1 2 0 0 4 0 3 3 1 2 0 0 4

| I. RECEIPTS                                                                                               | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                                |                               |                                    |
| (a) Individuals/Persons Other Than<br>Political Committees                                                | 9650.00                       |                                    |
| (i) Itemized (use Schedule A).....                                                                        |                               |                                    |
| (ii) Unitemized.....                                                                                      | 5725.00                       |                                    |
| (iii) TOTAL of contributions                                                                              | 15375.00                      | 158643.42                          |
| from individuals..... ▶                                                                                   |                               |                                    |
| (b) Political Party Committees.....                                                                       | 0.00                          | 1000.00                            |
| (c) Other Political Committees<br>(such as PACS).....                                                     | 2000.00                       | 110100.00                          |
| (d) The Candidate.....                                                                                    | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS<br>(other than loans)<br>(add Lines 11(a)(iii), (b), (c), and (d))                | 17375.00                      | 269743.42                          |
| 12. TRANSFERS FROM OTHER<br>AUTHORIZED COMMITTEES.....                                                    | 0.00                          | 0.00                               |
| 13. LOANS                                                                                                 |                               |                                    |
| (a) Made or Guaranteed by the<br>Candidate.....                                                           | 0.00                          | 0.00                               |
| (b) All Other Loans.....                                                                                  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS<br>(add Lines 13(a) and (b)).....                                                         | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING<br>EXPENDITURES<br>(Refunds, Rebates, etc.).....                                 | 0.00                          | 6.92                               |
| 15. OTHER RECEIPTS<br>(Dividends, Interest, etc.).....                                                    | 0.00                          | 6798.23                            |
| 16. TOTAL RECEIPTS (add Lines<br>11(e), 12, 13(c), 14, and 15)<br>(Carry Total to Line 24, page 4)..... ▶ | 17375.00                      | 276548.57                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

|                                                                                  |          |           |
|----------------------------------------------------------------------------------|----------|-----------|
| 17. OPERATING EXPENDITURES.....                                                  | 22114.64 | 119676.32 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                             | 0.00     | 14675.00  |
| 19. LOAN REPAYMENTS:                                                             |          |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                         | 0.00     | 0.00      |
| (b) Of all Other Loans.....                                                      | 0.00     | 0.00      |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                      | 0.00     | 0.00      |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                                 |          |           |
| (a) Individuals/Persons Other<br>Than Political Committees.....                  | 0.00     | 5000.00   |
| (b) Political Party Committees.....                                              | 0.00     | 2000.00   |
| (c) Other Political Committees<br>(such as PACs).....                            | 0.00     | 0.00      |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....           | 0.00     | 7000.00   |
| 21. OTHER DISBURSEMENTS.....                                                     | 1010.00  | 4135.00   |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) [ > ] | 23124.64 | 145486.32 |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 874896.13 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....                             | 17375.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 892271.13 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 23124.64  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 869146.49 |

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

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

FOR LINE NUMBER: PAGE 5 / 38

(check only one)

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

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

|                                                                               |                                     |                                                                       |                                              |
|-------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Roy Coffee III       |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 8 / 2 0 0 4         |                                              |
| Mailing Address 4807 Connecticut Avenue NW #810                               |                                     | Transaction ID: SA11A1.11859                                          |                                              |
| City<br>Washington                                                            | State<br>DC                         | Zip Code<br>20008                                                     | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                              |
| Name of Employer<br>O'Connor & Hannan LLP                                     | Occupation<br>Attorney              |                                                                       |                                              |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼                   | Election Cycle-to-Date ▼<br>500.00  |                                                                       |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph Driscoll, Jr. |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 4         |                                              |
| Mailing Address 210 East Broadway Apt. 5L                                     |                                     | Transaction ID: SA11A1.11835                                          |                                              |
| City<br>Long Beach                                                            | State<br>NY                         | Zip Code<br>11561                                                     | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                              |
| Name of Employer                                                              | Occupation<br>information requested |                                                                       |                                              |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼                   | Election Cycle-to-Date ▼<br>300.00  |                                                                       |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Michael Duffy, Esq.      |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 4         |                                              |
| Mailing Address EAB Plaza                                                     |                                     | Transaction ID: SA11A1.11832                                          |                                              |
| City<br>Uniondale                                                             | State<br>NY                         | Zip Code<br>11558                                                     | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                              |
| Name of Employer<br>Duffy Duffy & Burdo                                       | Occupation<br>Attorney              |                                                                       |                                              |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼                   | Election Cycle-to-Date ▼<br>500.00  |                                                                       |                                              |

SUBTOTAL of Receipts This Page (optional) 1300.00

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 / 38

(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)<br>Lary Elavich Esq.<br>Mailing Address 164 West Park Avenue<br>City Long Beach State NY Zip Code 11560<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Self<br>Occupation Attorney<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>X Primary General<br>Other (specify) ▼ 1500.00                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2004<br>Transaction ID: SA11A1.11959<br>Amount of Each Receipt this Period<br>1000.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. David S. Mack<br>Mailing Address 2115 Linwood Avenue Suite 110<br>City Fort Lee State NY Zip Code 07024<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Self<br>Occupation Real Estate Developer<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>X Primary General<br>Other (specify) ▼ 2000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 23 / 2004<br>Transaction ID: SA11A1.11913<br>Amount of Each Receipt this Period<br>2000.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jerome Murphy<br>Mailing Address 189 Trafalger Blvd.<br>City Island Park State NY Zip Code 11558<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Occupation information requested<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>X Primary General<br>Other (specify) ▼ 300.00              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 23 / 2004<br>Transaction ID: SA11A1.11919<br>Amount of Each Receipt this Period<br>300.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))  |

SUBTOTAL of Receipts This Page (optional) ▶

3300.00

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 / 38

(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)<br>Ms. Elen Murray     |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 05 / 2004              |                                                                       |
| Mailing Address 114 Cedarhurst Avenue                                    |                                     | Transaction ID: SA11A1.11911                                          |                                                                       |
| City<br>Point Lookout                                                    | State<br>NY                         | Zip Code<br>11569                                                     | Amount of Each Receipt this Period<br>250.00                          |
| FEC ID number of contributing federal political committee.<br>C          |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                                                       |
| Name of Employer<br>retired                                              | Occupation<br>retired               |                                                                       | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼              | Election Cycle-to-Date ▼<br>500.00  |                                                                       |                                                                       |
|                                                                          |                                     |                                                                       |                                                                       |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mrs. Barbara Nelkin |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2004              |                                                                       |
| Mailing Address 18 Red Ground Road                                       |                                     | Transaction ID: SA11A1.11956                                          |                                                                       |
| City<br>Old Westbury                                                     | State<br>NY                         | Zip Code<br>11569                                                     | Amount of Each Receipt this Period<br>500.00                          |
| FEC ID number of contributing federal political committee.<br>C          |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                                                       |
| Name of Employer<br>Garden City Hotel                                    | Occupation<br>Owner                 |                                                                       | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼              | Election Cycle-to-Date ▼<br>500.00  |                                                                       |                                                                       |
|                                                                          |                                     |                                                                       |                                                                       |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark Rose       |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2004              |                                                                       |
| Mailing Address 72 Clare Rose Blvd.                                      |                                     | Transaction ID: SA11A1.11958                                          |                                                                       |
| City<br>Patchogue                                                        | State<br>NY                         | Zip Code<br>11772                                                     | Amount of Each Receipt this Period<br>2000.00                         |
| FEC ID number of contributing federal political committee.<br>C          |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                                                       |
| Name of Employer<br>Clare Rose                                           | Occupation<br>President             |                                                                       | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| Receipt For: 2004<br>X Primary General<br>Other (specify) ▼              | Election Cycle-to-Date ▼<br>2000.00 |                                                                       |                                                                       |
|                                                                          |                                     |                                                                       |                                                                       |

SUBTOTAL of Receipts This Page (optional) 2750.00

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 8 / 38

(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)<br>- Sabel Esq.<br>Mailing Address 150 Broadway Suite 1208<br>City State Zip Code<br>New York NY 10038<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Receipt For: 2004<br>X Primary General<br>Other (specify) ▼<br>Occupation information requested<br>Election Cycle-to-Date ▼<br>300.00     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 23 2004<br>Transaction ID: SA11A1.11948<br>Amount of Each Receipt this Period<br>300.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul Zumbo<br>Mailing Address 3029 Shore Drive<br>City State Zip Code<br>Merrick NY 11566<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Admiral Marina<br>Receipt For: 2004<br>X Primary General<br>Other (specify) ▼<br>Occupation<br>President<br>Election Cycle-to-Date ▼<br>2000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 05 2004<br>Transaction ID: SA11A1.11912<br>Amount of Each Receipt this Period<br>2000.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |

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

2300.00

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

9650.00

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

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

FOR LINE NUMBER: PAGE 9 / 38

(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

|                                                              |                          |                                                                       |                                    |
|--------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)                      |                          | Date of Receipt                                                       |                                    |
| A. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS                |                          | M M / D D / Y Y Y Y                                                   |                                    |
| Mailing Address 175D NEW YORK NW                             |                          | 01 / 14 / 2004                                                        |                                    |
| City                                                         | State                    | Zip Code                                                              | Transaction ID: SA11C.11902        |
| WASHINGTON                                                   | DC                       | 20006                                                                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C |                          | 1000.00                                                               |                                    |
| Name of Employer                                             | Occupation               | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                    |
| Receipt For: 2004                                            | Election Cycle-to-Date ▼ |                                                                       |                                    |
| X Primary General                                            | 1000.00                  |                                                                       |                                    |
| Other (specify) ▼                                            |                          |                                                                       |                                    |
| Full Name (Last, First, Middle Initial)                      |                          | Date of Receipt                                                       |                                    |
| B. Oppenheimerfunds Inc. Political Action Committee          |                          | M M / D D / Y Y Y Y                                                   |                                    |
| Mailing Address 498 7th Avenue 10th Floor                    |                          | 01 / 14 / 2004                                                        |                                    |
| City                                                         | State                    | Zip Code                                                              | Transaction ID: SA11C.11903        |
| New York                                                     | NY                       | 10018                                                                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C |                          | 1000.00                                                               |                                    |
| Name of Employer                                             | Occupation               | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |                                    |
| Receipt For: 2004                                            | Election Cycle-to-Date ▼ |                                                                       |                                    |
| X Primary General                                            | 1000.00                  |                                                                       |                                    |
| Other (specify) ▼                                            |                          |                                                                       |                                    |

|                                                           |         |
|-----------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) .....           | 2000.00 |
| TOTAL This Period (last page this line number only) ..... | 2000.00 |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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

Mailing Address PO Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11337

Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

88.32

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

phone service

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11338

Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

34.99

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

phone service

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 1100

City Albany State NY Zip Code 12250

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11344

Date of Disbursement

02 / 01 / 2004

Amount of Each Disbursement this Period

34.94

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

phone service

SUBTOTAL of Disbursements This Page (optional) ▶

158.25

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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                   |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-----------------------------------------|-------------------|-----------------------------------------|--------|----------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b><br><br>Mailing Address PO Box 1100<br><br>City Albany State NY Zip Code 12250<br>Purpose of Disbursement<br><br>Candidate Name<br><br><table border="0"> <tr> <td>Office Sought:</td> <td>House<br/>Senate<br/>President</td> <td>Disbursement For:</td> <td>Primary<br/>General<br/>Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District</td> <td></td> <td></td> </tr> </table>                              |                              | Office Sought:    | House<br>Senate<br>President            | Disbursement For: | Primary<br>General<br>Other (specify) ▼ | State: | District |  |  | Transaction ID: SB17.11357<br>Date of Disbursement<br>03 / 03 / 2004<br><br>Amount of Each Disbursement this Period<br>78.88<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>phone service |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | District                     |                   |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| Full Name (Last, First, Middle Initial)<br><b>B. AT &amp; T</b><br><br>Mailing Address PO Box 8212<br><br>City Aurora State IL Zip Code 60572<br>Purpose of Disbursement<br><br>Candidate Name<br><br><table border="0"> <tr> <td>Office Sought:</td> <td>House<br/>Senate<br/>President</td> <td>Disbursement For:</td> <td>Primary<br/>General<br/>Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District</td> <td></td> <td></td> </tr> </table>                           |                              | Office Sought:    | House<br>Senate<br>President            | Disbursement For: | Primary<br>General<br>Other (specify) ▼ | State: | District |  |  | Transaction ID: SB17.11339<br>Date of Disbursement<br>01 / 13 / 2004<br><br>Amount of Each Disbursement this Period<br>4.20<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>phone service  |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | District                     |                   |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| Full Name (Last, First, Middle Initial)<br><b>C. Bar Harbour Gallery</b><br><br>Mailing Address 1011 Park Boulevard<br><br>City Massapequa Park State NY Zip Code 11792<br>Purpose of Disbursement<br><br>Candidate Name<br><br><table border="0"> <tr> <td>Office Sought:</td> <td>House<br/>Senate<br/>President</td> <td>Disbursement For:</td> <td>Primary<br/>General<br/>Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District</td> <td></td> <td></td> </tr> </table> |                              | Office Sought:    | House<br>Senate<br>President            | Disbursement For: | Primary<br>General<br>Other (specify) ▼ | State: | District |  |  | Transaction ID: SB17.11349<br>Date of Disbursement<br>02 / 02 / 2004<br><br>Amount of Each Disbursement this Period<br>172.81<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>framing      |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | District                     |                   |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | <b>255.99</b>     |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                   |                                         |                   |                                         |        |          |  |  |                                                                                                                                                                                                                                           |

**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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bar Harbour Gallery</b><br>Mailing Address 1011 Park Boulevard<br>City Massapequa Park State NY Zip Code 11792<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11361<br>Date of Disbursement<br>03 / 19 / 2004<br>Amount of Each Disbursement this Period<br>510.05<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>framing |
| Full Name (Last, First, Middle Initial)<br><b>B. Betty's Flower Shop</b><br>Mailing Address 3576 Merrick Road<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼           |  | Transaction ID: SB17.11202<br>Date of Disbursement<br>02 / 02 / 2004<br>Amount of Each Disbursement this Period<br>92.44<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>flowers  |
| Full Name (Last, First, Middle Initial)<br><b>C. Betty's Flower Shop</b><br>Mailing Address 3576 Merrick Road<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼           |  | Transaction ID: SB17.11364<br>Date of Disbursement<br>03 / 19 / 2004<br>Amount of Each Disbursement this Period<br>88.63<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>flowers  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                           |  | <b>691.12</b>                                                                                                                                                                                                            |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                          |

**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)

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|                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11346<br>Date of Disbursement 02 / 02 / 2004<br>Amount of Each Disbursement this Period 49.95<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |
| Full Name (Last, First, Middle Initial)<br><b>B. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11340<br>Date of Disbursement 01 / 13 / 2004<br>Amount of Each Disbursement this Period 48.85<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |
| Full Name (Last, First, Middle Initial)<br><b>C. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11345<br>Date of Disbursement 02 / 02 / 2004<br>Amount of Each Disbursement this Period 53.26<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |

**SUBTOTAL** of Disbursements This Page (optional) 152.06

**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

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(check only one)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11352<br>Date of Disbursement 03 / 03 / 2004<br>Amount of Each Disbursement this Period 49.95<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |
| Full Name (Last, First, Middle Initial)<br><b>B. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11354<br>Date of Disbursement 03 / 03 / 2004<br>Amount of Each Disbursement this Period 53.26<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |
| Full Name (Last, First, Middle Initial)<br><b>C. Cablevision</b><br>Mailing Address 6 Corporate Drive<br>City Melville State NY Zip Code 11747<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11341<br>Date of Disbursement 01 / 13 / 2004<br>Amount of Each Disbursement this Period 49.95<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>internet access |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                          |  | <b>153.16</b>                                                                                                                                                                                                       |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                     |

**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)

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|                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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

|                                                                          |                                                              |                                                                                  |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chase</b>               |                                                              | Transaction ID: SB17.11423<br>Date of Disbursement<br>03 / 30 / 2004             |  |
| Mailing Address Merrick Road                                             |                                                              | Amount of Each Disbursement this Period<br>1386.62                               |  |
| City Seaford<br>State NY<br>Zip Code 11783                               | Purpose of Disbursement                                      | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                           |                                                              | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President<br>State: District           | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ | taxes                                                                            |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Columbus Lodge 2145</b> |                                                              | Transaction ID: SB17.11363<br>Date of Disbursement<br>03 / 19 / 2004             |  |
| Mailing Address 2143 Boundary Avenue                                     |                                                              | Amount of Each Disbursement this Period<br>100.00                                |  |
| City South Farmingdale<br>State NY<br>Zip Code 11735                     | Purpose of Disbursement                                      | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                           |                                                              | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President<br>State: District           | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ | journal ad                                                                       |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Congressional Club</b>  |                                                              | Transaction ID: SB17.11353<br>Date of Disbursement<br>03 / 02 / 2004             |  |
| Mailing Address 2001 New Hampshire Avenue                                |                                                              | Amount of Each Disbursement this Period<br>225.00                                |  |
| City Washington<br>State DC<br>Zip Code 20009                            | Purpose of Disbursement                                      | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                           |                                                              | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President<br>State: District           | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ | ticket purchase                                                                  |  |
| SUBTOTAL of Disbursements This Page (optional) .....                     |                                                              | 1711.62                                                                          |  |
| 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

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(check only one)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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. Edie Longo

Mailing Address 111 Ampel Avenue

City North Bellmore State NY Zip Code 11710

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.11342

Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

1500.00

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

salary

Full Name (Last, First, Middle Initial)

B. Friends of Joe Saladino

Mailing Address 17 Cedar Street

City Massapequa State NY Zip Code 11758

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.11388

Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

200.00

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

ticket purchase

Full Name (Last, First, Middle Initial)

C. Haskel Brothers Memorial

Mailing Address 2572 Neptune Avenue

City Seaford State NY Zip Code 11783

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.11358

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

250.00

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

donation

SUBTOTAL of Disbursements This Page (optional) ▶

1950.00

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)

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|                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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

Full Name (Last, First, Middle Initial)

A. Irish Voice

Mailing Address 432 Park Avenue South

City State Zip Code  
 New York NY 10016

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11359

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

450.00

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

journal ad

Full Name (Last, First, Middle Initial)

B. Massapequa Park Postmaster

Mailing Address Merrick Road

City State Zip Code  
 Massapequa Park NY 11762

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11422

Date of Disbursement

01 / 20 / 2004

Amount of Each Disbursement this Period

1650.00

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

stamps

Full Name (Last, First, Middle Initial)

C. McCabe Collins McGeoghFowler

Mailing Address 114 Old Country Road

City State Zip Code  
 Mineola NY 11501

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11355

Date of Disbursement

03 / 03 / 2004

Amount of Each Disbursement this Period

326.35

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

invitation printing

SUBTOTAL of Disbursements This Page (optional) ▶

2626.35

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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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. Nassau/Suff. Building & Const Trades

Mailing Address 150 Motor Parkway

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11362

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

100.00

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

ad

Full Name (Last, First, Middle Initial)  
 B. Networking Newspaper

Mailing Address Post Office Box 806

City Rensselaer State NY Zip Code 11960

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11367

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

175.00

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

ad

Full Name (Last, First, Middle Initial)  
 C. North Shore Synagogue

Mailing Address B3 Muttontown Road

City Syosset State NY Zip Code 11791

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11333

Date of Disbursement

02 / 25 / 2004

Amount of Each Disbursement this Period

200.00

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

ad

SUBTOTAL of Disbursements This Page (optional) ▶

475.00

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)

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|                                        |                             |                              |                              |
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| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. Petty Cash</b><br>Mailing Address PO Box 1428<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.1133D<br>Date of Disbursement<br>01 / 22 / 2004<br>Amount of Each Disbursement this Period<br>200.00<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>petty cash |
| Full Name (Last, First, Middle Initial)<br><b>B. Petty Cash</b><br>Mailing Address PO Box 1428<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11332<br>Date of Disbursement<br>02 / 23 / 2004<br>Amount of Each Disbursement this Period<br>300.00<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>petty cash |
| Full Name (Last, First, Middle Initial)<br><b>C. Petty Cash</b><br>Mailing Address PO Box 1428<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President<br>State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11351<br>Date of Disbursement<br>02 / 17 / 2004<br>Amount of Each Disbursement this Period<br>300.00<br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>petty cash |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                  |  | <b>800.00</b>                                                                                                                                                                                                               |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                             |

**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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address Longworth Building

City Washington State DC Zip Code 20515

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11331

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

185.00

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

postage

Full Name (Last, First, Middle Initial)

**B. US Postmaster Seaford**

Mailing Address PO Box 9908

City Seaford State NY Zip Code 11783

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11335

Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

76.00

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

po box fee

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 64288

City Baltimore State MD Zip Code 21284

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11347

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

218.38

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

cell phone bill

SUBTOTAL of Disbursements This Page (optional) ▶

479.38

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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b><br><br>Mailing Address PO Box 64268<br><br>City Baltimore State MD Zip Code 21264<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼  |  |  | Transaction ID: SB17.11356<br>Date of Disbursement<br>03 / 03 / 2004<br><br>Amount of Each Disbursement this Period<br>210.74<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>cell phone bill |
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b><br><br>Mailing Address PO Box 64268<br><br>City Baltimore State MD Zip Code 21264<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼  |  |  | Transaction ID: SB17.11356<br>Date of Disbursement<br>01 / 13 / 2004<br><br>Amount of Each Disbursement this Period<br>186.20<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>cell phone bill |
| Full Name (Last, First, Middle Initial)<br><b>C. Chase Mastercard</b><br><br>Mailing Address PO Box 15838<br><br>City Wilmington State DE Zip Code 23322<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼ |  |  | Transaction ID: SB17.11365<br>Date of Disbursement<br>01 / 13 / 2004<br><br>Amount of Each Disbursement this Period<br>182.28<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>credit card     |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                 |  |  | <b>559.22</b>                                                                                                                                                                                                                                |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                              |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. Abco Art</b>                        |                                                                      |                   | Transaction ID: SB17.11366<br>Date of Disbursement<br>01 / 13 / 2004             |  |
| Mailing Address    Sunrise Highway                                                   |                                                                      |                   | Amount of Each Disbursement this Period<br>162.28                                |  |
| City<br>Bellmore                                                                     | State<br>NY                                                          | Zip Code<br>11710 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                                              |                                                                      |                   | [MEMO ITEM]<br>framing                                                           |  |
| Candidate Name                                                                       |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                                       | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                                           |                                                                      |                   |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. American Express Centurion Bank</b> |                                                                      |                   | Transaction ID: SB17.11367<br>Date of Disbursement<br>01 / 15 / 2004             |  |
| Mailing Address    Suite 0002                                                        |                                                                      |                   | Amount of Each Disbursement this Period<br>4741.58                               |  |
| City<br>Chicago                                                                      | State<br>IL                                                          | Zip Code<br>60670 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                                              |                                                                      |                   | credit card                                                                      |  |
| Candidate Name                                                                       |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                                       | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                                           |                                                                      |                   |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Borders Books and Music</b>         |                                                                      |                   | Transaction ID: SB17.11370<br>Date of Disbursement<br>01 / 08 / 2004             |  |
| Mailing Address    Old Country Road                                                  |                                                                      |                   | Amount of Each Disbursement this Period<br>135.87                                |  |
| City<br>Westbury                                                                     | State<br>NY                                                          | Zip Code<br>11590 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                                              |                                                                      |                   | [MEMO ITEM]<br>book purchase                                                     |  |
| Candidate Name                                                                       |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                                       | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                                           |                                                                      |                   |                                                                                  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                |                                                                      |                   | <b>4741.58</b>                                                                   |  |
| <b>TOTAL This Period (last page this line number only)</b>                           |                                                                      |                   |                                                                                  |  |

# **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)

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|                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Catfish Max</b></p> <p>Mailing Address 2479 Adler Court</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p> <p>Category/Type</p>            |  |  | <p>Transaction ID: SB17.11369</p> <p>Date of Disbursement 01 / 05 / 2004</p> <p>Amount of Each Disbursement this Period 1419.10</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b><br/>meals</p>   |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Plantorium Florist</b></p> <p>Mailing Address Broadway</p> <p>City Massapequa State NY Zip Code 11756</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p> <p>Category/Type</p>          |  |  | <p>Transaction ID: SB17.11365</p> <p>Date of Disbursement 01 / 07 / 2004</p> <p>Amount of Each Disbursement this Period 195.75</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b><br/>flowers</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. US Postal Service</b></p> <p>Mailing Address Longworth Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p> <p>Category/Type</p> |  |  | <p>Transaction ID: SB17.11371</p> <p>Date of Disbursement 01 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 1850.00</p> <p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b><br/>postage</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>                                                                                                                                                                                                                                |  |  | <p><b>0.00</b></p>                                                                                                                                                                                                                                          |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. Verizon Wireless</b>                                        |                                                           | Transaction ID: SB17.11368<br>Date of Disbursement<br>01 / 05 / 2004             |  |
| Mailing Address PO Box 64268<br><br>City Baltimore State MD Zip Code 21264<br><br>Purpose of Disbursement    |                                                           | Amount of Each Disbursement this Period<br><br>129.24                            |  |
| Candidate Name                                                                                               |                                                           | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: House<br>Senate<br>President<br>State: District                                               | Disbursement For:<br>Primary General<br>Other (specify) ▼ | [MEMO ITEM]<br>cell phone                                                        |  |
| Full Name (Last, First, Middle Initial)<br><b>B. American Express Centurion Bank</b>                         |                                                           | Transaction ID: SB17.11372<br>Date of Disbursement<br>02 / 24 / 2004             |  |
| Mailing Address Suite 0002<br><br>City Chicago State IL Zip Code 60670<br><br>Purpose of Disbursement        |                                                           | Amount of Each Disbursement this Period<br><br>3372.33                           |  |
| Candidate Name                                                                                               |                                                           | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: House<br>Senate<br>President<br>State: District                                               | Disbursement For:<br>Primary General<br>Other (specify) ▼ | credit card                                                                      |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Borders Books and Music</b>                                 |                                                           | Transaction ID: SB17.11378<br>Date of Disbursement<br>01 / 19 / 2004             |  |
| Mailing Address Old Country Road<br><br>City Westbury State NY Zip Code 11590<br><br>Purpose of Disbursement |                                                           | Amount of Each Disbursement this Period<br><br>26.38                             |  |
| Candidate Name                                                                                               |                                                           | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: House<br>Senate<br>President<br>State: District                                               | Disbursement For:<br>Primary General<br>Other (specify) ▼ | [MEMO ITEM]<br>book purchase                                                     |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                        |                                                           | <b>3372.33</b>                                                                   |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                   |                                                           |                                                                                  |  |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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. Delta Airlines

Mailing Address JFK Airport

City State Zip Code  
 New York NY 11111

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11382

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

100.00

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

[MEMO ITEM]

plane ticket

Full Name (Last, First, Middle Initial)

B. First Impressions

Mailing Address 25 Adams Court

City State Zip Code  
 Plainview NY 11803

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11381

Date of Disbursement

01 / 21 / 2004

Amount of Each Disbursement this Period

811.87

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

[MEMO ITEM]

printing

Full Name (Last, First, Middle Initial)

C. Garden City Hotel

Mailing Address 7th Street

City State Zip Code  
 Garden City NY 11530

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11383

Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

lodging

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

A. Giant Foods

Mailing Address 6328 Arlington Blvd.

City Falls Church State VA Zip Code 22044

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11377

Date of Disbursement

01 / 16 / 2004

Amount of Each Disbursement this Period

60.57

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

[MEMO ITEM]

food

Full Name (Last, First, Middle Initial)

B. Oceanaire Seafood

Mailing Address 1201 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11380

Date of Disbursement

01 / 19 / 2004

Amount of Each Disbursement this Period

267.60

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

[MEMO ITEM]

meals

Full Name (Last, First, Middle Initial)

C. U Haul

Mailing Address Route 110

City Farmingdale State NY Zip Code 11735

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11384

Date of Disbursement

02 / 01 / 2004

Amount of Each Disbursement this Period

94.95

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

[MEMO ITEM]

storage

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b><br><br>Mailing Address PO Box 64268<br><br>City Baltimore State MD Zip Code 21264<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11375<br>Date of Disbursement<br>01 / 12 / 2004<br><br>Amount of Each Disbursement this Period<br>118.97<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>cell phone     |
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b><br><br>Mailing Address PO Box 64268<br><br>City Baltimore State MD Zip Code 21264<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11375<br>Date of Disbursement<br>01 / 16 / 2004<br><br>Amount of Each Disbursement this Period<br>10.56<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>cell phone call |
| Full Name (Last, First, Middle Initial)<br><b>C. WGBH</b><br><br>Mailing Address PO Box 2284<br><br>City South Burlington State VT Zip Code 05407<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼       |  | Transaction ID: SB17.11375<br>Date of Disbursement<br>01 / 06 / 2004<br><br>Amount of Each Disbursement this Period<br>25.99<br><br>Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>book purchase   |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                |  | <b>0.00</b>                                                                                                                                                                                                                                                   |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                               |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.1139D

Date of Disbursement

03 / 22 / 2004

Amount of Each Disbursement this Period

2647.04

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

credit card

Full Name (Last, First, Middle Initial)  
 B. 6th and 30th Street Garage

Mailing Address 6th Avenue

City New York City State NY Zip Code 10416

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11399

Date of Disbursement

02 / 28 / 2004

Amount of Each Disbursement this Period

19.00

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

[MEMO ITEM]

parking

Full Name (Last, First, Middle Initial)  
 C. Barnes and Noble

Mailing Address Sunrise Highway

City Massapequa State NY Zip Code 11762

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11411

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

81.40

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

[MEMO ITEM]

book

SUBTOTAL of Disbursements This Page (optional) ▶

2647.04

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)

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|                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

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

|                                                                        |                                                           |                                                                                  |  |
|------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Best Buy</b>          |                                                           | Transaction ID: SB17.11418<br>Date of Disbursement<br>03 / 05 / 2004             |  |
| Mailing Address Old Country Road                                       |                                                           | Amount of Each Disbursement this Period<br>240.09                                |  |
| City Westbury<br>State NY<br>Zip Code 11590                            | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                         |                                                           | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President                            | Disbursement For:<br>Primary General<br>Other (specify) ▼ | [MEMO ITEM]<br>electronics                                                       |  |
| State: District                                                        |                                                           |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Black Angus</b>       |                                                           | Transaction ID: SB17.11393<br>Date of Disbursement<br>02 / 09 / 2004             |  |
| Mailing Address Merrick Road                                           |                                                           | Amount of Each Disbursement this Period<br>36.00                                 |  |
| City Scaford<br>State NY<br>Zip Code 11783                             | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                         |                                                           | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President                            | Disbursement For:<br>Primary General<br>Other (specify) ▼ | [MEMO ITEM]<br>meal                                                              |  |
| State: District                                                        |                                                           |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Capitol Hill Club</b> |                                                           | Transaction ID: SB17.11395<br>Date of Disbursement<br>02 / 18 / 2004             |  |
| Mailing Address 300 1st Street SE                                      |                                                           | Amount of Each Disbursement this Period<br>147.04                                |  |
| City Washington<br>State DC<br>Zip Code 20003                          | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                         |                                                           | Category/<br>Type                                                                |  |
| Office Sought: House<br>Senate<br>President                            | Disbursement For:<br>Primary General<br>Other (specify) ▼ | [MEMO ITEM]<br>meals                                                             |  |
| State: District                                                        |                                                           |                                                                                  |  |
| SUBTOTAL of Disbursements This Page (optional) .....                   |                                                           | 0.00                                                                             |  |
| 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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Fed Ex</b><br>Mailing Address PO Box 1140<br>City Memphis State TN Zip Code 38101<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼                    |  | Transaction ID: SB17.11391<br>Date of Disbursement 02 / 04 / 2004<br>Amount of Each Disbursement this Period 115.78<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> shipping |
| Full Name (Last, First, Middle Initial)<br><b>B. Frame of Mine</b><br>Mailing Address 522 8th Street SE<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼    |  | Transaction ID: SB17.11405<br>Date of Disbursement 02 / 10 / 2004<br>Amount of Each Disbursement this Period 119.54<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> framing  |
| Full Name (Last, First, Middle Initial)<br><b>C. Giant Foods</b><br>Mailing Address 6326 Arlington Blvd.<br>City Falls Church State VA Zip Code 22044<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House Senate President State: District<br>Disbursement For: Primary General Other (specify) ▼ |  | Transaction ID: SB17.11407<br>Date of Disbursement 02 / 23 / 2004<br>Amount of Each Disbursement this Period 79.62<br>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> food      |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                              |  | <b>0.00</b>                                                                                                                                                                                                                      |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |

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

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

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(check only one)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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. O'Neills

Mailing Address 729 3rd Street

City State Zip Code  
 New York NY 10017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11404

Date of Disbursement

02 / 09 / 2004

Amount of Each Disbursement this Period

138.39

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

[MEMO ITEM]

Meals

Full Name (Last, First, Middle Initial)

B. Politics and Prose

Mailing Address 5015 Connecticut Avenue NW

City State Zip Code  
 Washington DC 20008

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11408

Date of Disbursement

02 / 24 / 2004

Amount of Each Disbursement this Period

52.77

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

[MEMO ITEM]

books

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address Sunrise Highway

City State Zip Code  
 Massapequa NY 11758

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11417

Date of Disbursement

03 / 04 / 2004

Amount of Each Disbursement this Period

37.79

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

[MEMO ITEM]

office supplies

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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(check only one)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. TGI Fridays</b>                                                |  | Transaction ID: SB17.11394<br>Date of Disbursement<br>02 / 12 / 2004     |  |
| Mailing Address #0115<br><br>City Washington State DE Zip Code 20012<br>Purpose of Disbursement                 |  | Amount of Each Disbursement this Period<br>51.61                         |  |
| Candidate Name<br><br>Office Sought: House Senate President<br>State: District                                  |  | Disbursement For: Primary General Other (specify) ▼<br><br>Category/Type |  |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>meals       |  |                                                                          |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Tortillos Coast</b>                                            |  | Transaction ID: SB17.11409<br>Date of Disbursement<br>03 / 10 / 2004     |  |
| Mailing Address 400 1st Street<br><br>City Washington State DC Zip Code 20016<br>Purpose of Disbursement        |  | Amount of Each Disbursement this Period<br>25.64                         |  |
| Candidate Name<br><br>Office Sought: House Senate President<br>State: District                                  |  | Disbursement For: Primary General Other (specify) ▼<br><br>Category/Type |  |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>food        |  |                                                                          |  |
| Full Name (Last, First, Middle Initial)<br><b>C. United Shipping</b>                                            |  | Transaction ID: SB17.11413<br>Date of Disbursement<br>02 / 20 / 2004     |  |
| Mailing Address 1036 Park Avenue<br><br>City Massapequa Park State NY Zip Code 11762<br>Purpose of Disbursement |  | Amount of Each Disbursement this Period<br>20.00                         |  |
| Candidate Name<br><br>Office Sought: House Senate President<br>State: District                                  |  | Disbursement For: Primary General Other (specify) ▼<br><br>Category/Type |  |
| Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>shipping    |  |                                                                          |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                           |  | <b>0.00</b>                                                              |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                      |  |                                                                          |  |

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

Use separate schedule(s)  
for each category of the  
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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 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

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11406

Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

199.69

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

**[MEMO ITEM]**

phone bill

Full Name (Last, First, Middle Initial)

**B. Video Monitoring**

Mailing Address 330 West 42nd Street

City New York State NY Zip Code 10036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11398

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

147.30

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

**[MEMO ITEM]**

video tape

Full Name (Last, First, Middle Initial)

**C. American Express Centurion Bank**

Mailing Address Suite 0002

City Chicago State IL Zip Code 60679

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11392

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

1320.50

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

credit card

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

**1320.50**

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)<br><b>A. Amazon.com</b>    |                                                           | Transaction ID: SB17.11414<br>Date of Disbursement<br>02 / 24 / 2004             |  |
| Mailing Address 1050 South Columbia Avenue                         |                                                           | Amount of Each Disbursement this Period<br>222.57                                |  |
| City Campbellsville<br>State KY<br>Zip Code 42718                  | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                     | Category/<br>Type                                         | [MEMO ITEM]<br>book purchase                                                     |  |
| Office Sought: House<br>Senate<br>President                        | Disbursement For:<br>Primary General<br>Other (specify) ▼ |                                                                                  |  |
| State: District                                                    |                                                           |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Cato Travel</b>   |                                                           | Transaction ID: SB17.11400<br>Date of Disbursement<br>03 / 03 / 2004             |  |
| Mailing Address Capitol Hill                                       |                                                           | Amount of Each Disbursement this Period<br>15.00                                 |  |
| City Washington<br>State DC<br>Zip Code 20515                      | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                     | Category/<br>Type                                         | [MEMO ITEM]<br>ticket fee                                                        |  |
| Office Sought: House<br>Senate<br>President                        | Disbursement For:<br>Primary General<br>Other (specify) ▼ |                                                                                  |  |
| State: District                                                    |                                                           |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Dubliner</b>      |                                                           | Transaction ID: SB17.11403<br>Date of Disbursement<br>02 / 10 / 2004             |  |
| Mailing Address North Capital Street                               |                                                           | Amount of Each Disbursement this Period<br>130.02                                |  |
| City Washington<br>State DC<br>Zip Code 20005                      | Purpose of Disbursement                                   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name                                                     | Category/<br>Type                                         | [MEMO ITEM]<br>Meals                                                             |  |
| Office Sought: House<br>Senate<br>President                        | Disbursement For:<br>Primary General<br>Other (specify) ▼ |                                                                                  |  |
| State: District                                                    |                                                           |                                                                                  |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      |                                                           | <b>0.00</b>                                                                      |  |
| <b>TOTAL</b> 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)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

|                                                                     |                                                                      |                   |                                                                                  |  |
|---------------------------------------------------------------------|----------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnny Rockets</b> |                                                                      |                   | Transaction ID: SB17.11397<br>Date of Disbursement<br>02 / 24 / 2004             |  |
| Mailing Address    Union Station                                    |                                                                      |                   | Amount of Each Disbursement this Period<br>38.89                                 |  |
| City<br>Washington                                                  | State<br>DC                                                          | Zip Code<br>20515 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                             |                                                                      |                   | [MEMO ITEM]<br>Meals                                                             |  |
| Candidate Name                                                      |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                      | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                          |                                                                      |                   |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Quick Park</b>     |                                                                      |                   | Transaction ID: SB17.11402<br>Date of Disbursement<br>02 / 09 / 2004             |  |
| Mailing Address    West 47th Street                                 |                                                                      |                   | Amount of Each Disbursement this Period<br>23.00                                 |  |
| City<br>New York                                                    | State<br>NY                                                          | Zip Code<br>10012 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                             |                                                                      |                   | [MEMO ITEM]<br>parking                                                           |  |
| Candidate Name                                                      |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                      | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                          |                                                                      |                   |                                                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. WH Smith</b>       |                                                                      |                   | Transaction ID: SB17.11396<br>Date of Disbursement<br>02 / 18 / 2004             |  |
| Mailing Address    France                                           |                                                                      |                   | Amount of Each Disbursement this Period<br>40.83                                 |  |
| City<br>Paris                                                       | State<br>NY                                                          | Zip Code<br>10000 | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Purpose of Disbursement                                             |                                                                      |                   | [MEMO ITEM]<br>book purchase                                                     |  |
| Candidate Name                                                      |                                                                      | Category/<br>Type |                                                                                  |  |
| Office Sought:    House<br>Senate<br>President                      | Disbursement For:<br>Primary            General<br>Other (specify) ▼ |                   |                                                                                  |  |
| State:            District                                          |                                                                      |                   |                                                                                  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>               |                                                                      |                   | <b>0.00</b>                                                                      |  |
| <b>TOTAL This Period (last page this line number only)</b>          |                                                                      |                   |                                                                                  |  |

**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)

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|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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

Full Name (Last, First, Middle Initial)

**A. Chase Platinum Visa**

Mailing Address PO Box 15859

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11421

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

21.04

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

Credit Card

Full Name (Last, First, Middle Initial)

**B. Parliamentary Book Shop**

Mailing Address 10 Downing Street

City State Zip Code  
London NY 10000

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.11420

Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

21.04

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

**[MEMO ITEM]**

Memo

SUBTOTAL of Disbursements This Page (optional) ▶

21.04

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

22114.64

**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)

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|                                    |                                    |                                     |                                               |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|

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

Full Name (Last, First, Middle Initial)  
 A. Nassau County Republican Committee

Mailing Address 164 Post Avenue

City Westbury State NY Zip Code 11590

Purpose of Disbursement

Candidate Name

|                |                              |                   |                                         |
|----------------|------------------------------|-------------------|-----------------------------------------|
| Office Sought: | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |
| State:         | District                     |                   |                                         |

Category/  
Type

Transaction ID: SB21.11334  
 Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

250.00

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

ticket

Full Name (Last, First, Middle Initial)  
 B. Nassau County Republican Committee

Mailing Address 164 Post Avenue

City Westbury State NY Zip Code 11590

Purpose of Disbursement

Candidate Name

|                |                              |                   |                                         |
|----------------|------------------------------|-------------------|-----------------------------------------|
| Office Sought: | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |
| State:         | District                     |                   |                                         |

Category/  
Type

Transaction ID: SB21.11298  
 Date of Disbursement

01 / 13 / 2004

Amount of Each Disbursement this Period

250.00

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

tickets

Full Name (Last, First, Middle Initial)  
 C. Seaford Republican Club

Mailing Address PO Box 245

City Seaford State NY Zip Code 11783

Purpose of Disbursement

Candidate Name

|                |                              |                   |                                         |
|----------------|------------------------------|-------------------|-----------------------------------------|
| Office Sought: | House<br>Senate<br>President | Disbursement For: | Primary<br>General<br>Other (specify) ▼ |
| State:         | District                     |                   |                                         |

Category/  
Type

Transaction ID: SB21.11348  
 Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

10.00

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

dues

SUBTOTAL of Disbursements This Page (optional) ▶

510.00

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)

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|                                    |                                    |                                     |                                               |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|

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

Full Name (Last, First, Middle Initial)  
 A. NC Conservative Committee

Mailing Address 44 Twisting Lane

City Wantagh State NY Zip Code 11793

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB21.1136D  
 Date of Disbursement

03 / 19 / 2004

Amount of Each Disbursement this Period

200.00

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

ticket

Full Name (Last, First, Middle Initial)  
 B. Suffolk County Republican Committee

Mailing Address 3340 Veterans Memorial Highway

City Bohemia State NY Zip Code 11716

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB21.1136B  
 Date of Disbursement

01 / 19 / 2004

Amount of Each Disbursement this Period

300.00

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

ticket purchase

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

1010.00