

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 7 for
LINE NUMBER 70
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Michael J. Balian for Congress C00268581				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor DMR Advertising 5742 SWAN LAKE West Bloomfield, Mich	849.91	-	-	849.91
Nature of Debt (Purpose): Flyer				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Practical Political Consulting P.O. Box 6249 East Lansing, Mich 48826	681.58	.	.	681.58
Nature of Debt (Purpose): Phone List				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1531.49
2) TOTAL This Period (last page this line only)				1531.49
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				69,250.10
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				69,781.47

92014701683

OCT 14 1992
CERTIFIED MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
OFFICE OF RECORDS & REGISTRATION

1992 OCT 16 AM 10:23

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00272211 NY/03 082092 N 438
EUGENE TURNER
PETE KING FOR CONGRESS COMMITTEE
EE
PO BOX 1421
SEAFOORD NY 11783

2. FEDERAL IDENTIFICATION NUMBER
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

151930

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

election on _____ in the State of _____

☐ July 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☒ October 15 Quarterly Report

_____ in the State of _____

☐ January 31 Year End Report

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

☐ Termination Report

This report contains
activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
AUG. 26 through SEPT. 30		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	50,388.00	83,843.00
(b) Total Contribution Refunds (from Line 20(d))	—	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	50,388.00	82,843.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10,739.14	35,740.14
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	10,739.14	35,740.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	74,000.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

EUGENE TURNER

Signature of Treasurer

Eugene Turner

Date

10/15/92

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)		Report Covering the Period:	
		From:	To:
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		12,600.00	11(a)(i)
(ii) Unitemized		12,738.00	11(a)(ii)
(iii) Total of contributions from individuals		25,338.00	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)		25,050.00	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		50,388.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			26,898.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		50,388.00	110,741.00
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		10,739.14	35,740.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			1,000.00
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			1,000.00
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		10,739.14	36,740.32
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 34,351.82	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 50,388.00	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 84,739.82	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).		\$ 10,739.14	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).		\$ 74,000.68	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11(A) (1)

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

<p>A. Full Name, Mailing Address and ZIP Code William A. Gogel 25 Woodgreen Lane East Hills, NY 11577</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF-EMPLOYED</p> <p>Occupation ATTORNEY</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Edward J. Groarke 162 Wickham Road Garden City, NY 11530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Attorney, self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9-1-92</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Christopher P. O'Hara 1 East Mill Drive Great Neck, NY 11021</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard O' Hara 410 Bryant Avenue Roslyn Garbor, NY 11576</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code John F. Mills 1225 Franklin Avenue, Suite 450 Garden City, NY 11530</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Dr. Martin L. Cohen 2165 Seaford Avenue Seaford, NY 11783</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Five Towns College</p> <p>Occupation College Adminis.</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Robert P. Loughman Call Hollow Road Pomona, NY 10970</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 9/1/92</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 3800.00

92014701686

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11(a) 11

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code David S. Mack 370 West Passaic Street Rochelle Park, NY 07662 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mack Co. Occupation Officer Aggregate Year-to-Date > \$ 2,300.00	Date (month, day, year) 9/1/92	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Edward H. Ward P.O. Box 292 Wantagh, NY 11793 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Town of Hempstead Occupation Exec. Asst. Aggregate Year-to-Date > \$ 1,500	Date (month, day, year) 9/3/92	Amount of Each Receipt this Period 1,500.00
C. Full Name, Mailing Address and ZIP Code Roger C. Folz 3401 Lawson Boulevard Oceanside, NY 11572 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/13/92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Eugene Turner 281 Westside Avenue Freeport, New York 11520 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Town of Hempstead Occupation Exec. Asst. Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/13/92	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Dorothy H. McGee P.O. Box 142 Locust Valley, NY 11560 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Town of Oyster Bay Occupation Historian Aggregate Year-to-Date > \$	Date (month, day, year) 9/15/92 9/15/92	Amount of Each Receipt this Period 200.00 100.00
F. Full Name, Mailing Address and ZIP Code Mahon, Mahon, and Mahon 1600 Stewart Avenue Westbury, New York 11590 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self PARTNERSHIP (SEE ATTACHMENT BELOW) Occupation Attorneys Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 9/17/92	Amount of Each Receipt this Period 600.00
G. Full Name, Mailing Address and ZIP Code KENNETH MAHON 1600 STEWART AVE. WESTBURY, N.Y. 11590 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAHON, MAHON & MAHON Occupation ATTORNEY Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 9/17/92 \$300	Amount of Each Receipt this Period MEMO

SUBTOTAL of Receipts This Page (optional)

\$4400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11(A)(1)

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NAME OF COMMITTEE (in Full)

PETE KING FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

LAWRENCE MATTON
1600 STEWART AVE,
WESTBURY, N.Y. 11590

Name of Employer

MATTON, MATTON + MATTON

Date (month,
day, year)

9/17/92

Amount of Each
Receipt this Period

MEMO

Occupation

ATTORNEY

\$ 300

Receipt For: ☐ Primary ☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 350.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

92014701688

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **135**
FOR LINE NUMBER
(1) (2) (3)

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code
R. Timothy Columbus
3050 K Street, NW
Washington D.C. 20007

Name of Employer
Collier, Channon
Rill and Scott

Date (month,
day, year)
9/22/92

Amount of Each
Receipt this Period
300.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 300.00

B. Full Name, Mailing Address and ZIP Code
Michael Scarlata
3843 Sally Lane
Oceanside, NY 11572

Name of Employer
Town of Hempstead
Sanitary Dist. #7

Date (month,
day, year)
9/24/92

Amount of Each
Receipt this Period
300.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Gen/ Manager

Aggregate Year-to-Date > \$ 300.00

C. Full Name, Mailing Address and ZIP Code
Ruth Mack
80-80 Chevy Chase Street
Jamaica Estates, NY 11432

Name of Employer

Retired

Date (month,
day, year)
9/24/92

Amount of Each
Receipt this Period
1000.00

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code
P. R. Mathews
1060 Clay Avenue
Pelham Manor, NY 10803

Name of Employer
Mathew's Industrial
Piping, Inc.

Date (month,
day, year)
9/29/92

Amount of Each
Receipt this Period
300.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

PRESIDENT

Aggregate Year-to-Date > \$ 300.00

E. Full Name, Mailing Address and ZIP Code
Candice Shy Hooper
713 Potomac Street
Alexandria VA 22314

Name of Employer
Hooper, Hooper and
Owen

Date (month,
day, year)
9/29/92

Amount of Each
Receipt this Period
300.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 300.00

F. Full Name, Mailing Address and ZIP Code
John T. Renck
2553 Pecunia St.
Seymour, N.Y. 14783

Name of Employer
Self-Employed

Date (month,
day, year)
9/1/92

Amount of Each
Receipt this Period
1,000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Financial Consultant

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

G. Full Name, Mailing Address and ZIP Code
John P. Cleary
Cove Woods Road
Oyster Bay Cove, NY 11596

Name of Employer
Self

Date (month,
day, year)
9.8.92

Amount of Each
Receipt this Period
200.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 300.00

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (in Full)
Pete King for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl D. Baim 2528 Freemont Seaford, N.Y. 11783	<i>Retired</i>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Tom Madden 9 Old Neck Road South Center Moriches, NY 11934	Suffolk County	9/3/92	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Recreation Worker	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code John Murray, Jr. 3234 Rockwood Ave. Wentz, N.Y. 11793	Self-Employed	9/15/92	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Retirement</i>	Aggregate Year-to-Date > \$ 1,200.00	
D. Full Name, Mailing Address and ZIP Code Peter J. Reilly 3757 Locust Avenue Seaford, New York 11783	New York State	9/8/92	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Parks Admin.	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code DANIEL DONOVAN 1 SIDNEY STREET PLAINVIEW, N.Y.	Town of Oyster Bay	9/15/92	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXEC. ASST.	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

12,600.00

92014701690

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Transport Workers Union PAC 80 West End Avenue NY, NY 10023	Name of Employer Occupation	Date (month, day, year) 9/1/92	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code NFL Pac P.O. Box 2301 Arlington, VA 22202	Name of Employer Occupation	Date (month, day, year) 9/3/92 9/17/92	Amount of Each Receipt this Period 5,000.00 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10,000.00		
C. Full Name, Mailing Address and ZIP Code Commodity Futures PAC Chicago Mercantile Exchange	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code 30 Wacker Drive Chicago, ILL 60606	Name of Employer Occupation	Date (month, day, year) 9/3/92	Amount of Each Receipt this Period \$1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code NFG FED PAC 10 Lafayette Square Buffalo, NY 14203	Name of Employer Occupation	Date (month, day, year) 9/8/92	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code NRA Political Victory Fund 1600 Rhode Island Avenue, NW Washington, D.C. 20036	Name of Employer Occupation	Date (month, day, year) 9/10/92	Amount of Each Receipt this Period 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
G. Full Name, Mailing Address and ZIP Code Ophthpac American Academy of Ophthalmology, Inc. 1101 Vermont Avenue, NW, Suite 300 Washington, D.C. 20005-3570	Name of Employer Occupation	Date (month, day, year) 9/15/92	Amount of Each Receipt this Period 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$6,550

92014701691

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13
FOR LINE NUMBER 11C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code New Majority Leadership Political Action Committee P.O. Box 54 New Ulm, MN 56073 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ /, 000.00	Date (month, day, year) 9/15/92	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code American Bankers Assn. PAC 1120 Connecticut Avenue, NW Washington D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ /, 000.00	Date (month, day, year) 9/17/92	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code NFL Pac P.O. Box 2301 Arlington VA 11022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/17/92	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code RJR PAC P.O. Box 718 Winston Salem, NC 27102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 9/24/92	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and ZIP Code The Orthopaedic PAC 317 Massachusettes avenue, NE Washington DC 20002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ /, 000.00	Date (month, day, year) 9-24-92	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Independent Insurance Agents PAX 412 First Street, SE Washington DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/29/92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Eagle Forum Pac P.O. Box 618 Alton, IL 62002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9/29/92	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,800.00
~~10,800.00~~

92014701692

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 3 OF 13
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)
Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Expac P.O. Box 2180 Houston, TX 77001	Name of Employer Occupation	Date (month, day, year) 9/29/92	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code Bread PAC 1350 I ST, NW Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 9/29/92	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
C. Full Name, Mailing Address and ZIP Code AOA-Pac 1505 Prince Street Alexandria, VA 22314	Name of Employer Occupation	Date (month, day, year) 9/29/92	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
D. Full Name, Mailing Address and ZIP Code PEG PAC 80 Park Plaza Newark, NJ 07101	Name of Employer Occupation	Date (month, day, year) 9.29/92	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

25050.00

92014701693

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code Election Computer Services 28 West 25th Street New York, New York 10010	Purpose of Disbursement mailing labels/postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/31/92	Amount of Each Disbursement This Period 3394.79
B. Full Name, Mailing Address and ZIP Code Long Island Lighting Co. 2400 Sunrise Highway Bellmore, NY 11710	Purpose of Disbursement electric bill Camp.HQ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-28-92	Amount of Each Disbursement This Period 19.22
C. Full Name, Mailing Address and ZIP Code E. Pira 1665 Paul Lane Seaford, New York 11783	Purpose of Disbursement printing envelopes letterhead Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/3/92 9/18/92	Amount of Each Disbursement This Period 377.95 44.00
D. Full Name, Mailing Address and ZIP Code U.S. Postmaster Seaford, New York 11783	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/4/92 9/7/92 9/10/92 9/18/92	Amount of Each Disbursement This Period 522.00 290.00 145.00 145.00
E. Full Name, Mailing Address and ZIP Code Eugene Turner 281 Westside Avenue Freeport, New York	Purpose of Disbursement purchase of reimbursement, telephones answering machines Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/8/92	Amount of Each Disbursement This Period 184.42
F. Full Name, Mailing Address and ZIP Code Eugene Turner 281 Westside Avenue Freeport, New York 11520	Purpose of Disbursement reimbursement hotel rooms D.C. FUND RAISER Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/28/92	Amount of Each Disbursement This Period 214.58
G. Full Name, Mailing Address and ZIP Code Ryan Craft Corp 3948 Merrick Road Seaford, New York 11793	Purpose of Disbursement HQ Rental Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/21/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code Fabrizio and McLaughlin 801 N. Fairfax St., Suite 312 Alexandria, VA 22314	Purpose of Disbursement Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/9/92	Amount of Each Disbursement This Period 3000.00
I. Full Name, Mailing Address and ZIP Code T.J. Courtneys 594 South Broadway Hicksville, NY 11801	Purpose of Disbursement fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/13/92	Amount of Each Disbursement This Period 1390.88

SUBTOTAL of Disbursements This Page (optional)

10,027.84

TOTAL This Period (last page this line number only)

92014701694