48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

DI \$1000 DI (110/C) 1000/100 III/0/III/ =0 -	
1. NAME OF COMMITTEE IN FULL	
Pete King for Congress	
ADDRESS (number and street)	
Post Office Box 1428	
CITY, STATE and ZIP CODE	
Seaford, NY 11783	
2. NAME OF CANDIDATE	3.OFFICE SOUGHT
PETER T. KING	(State and District)
	House (NY 3)

Any information copied from such Reports and Statements may not 4. FEC Identification Number or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any C00272211 political committee to solicit contributions from such a committee.

A. Full Name, Mailing Address and ZIP Kelly O'Hara	Name of E	mployer	Date (mo-dy-yr)	Amount
592 Cold Spring Road Laurel Hollow, NY 11791	Occupation	1	09-06-00	\$1,000.00
B. Full Name, Mailing Address and ZIP Richard O'Hara	Name of E	mployer Self	Date (mo-dy-yr)	Amount
410 Bryant Avenue Roslyn Harbor, NY 11576	Occupation Att	orney	09-06-00	\$1,000.00
C. Full Name, Mailing Address and ZIP Richard O'Hara	:	Self	Date (mo-dy-yr)	Amount
410 Bryant Avenue Roslyn Harbor, NY 11576	1	tomey	09-06-00	\$1,000.00
D. Full Name, Mailing Address and ZIP Carol O'Rourke		mployer Self	Date (mo-dy-yr)	Amount
1425 Franklin Avenue Garden City, NY 11530	Occupation At	n torney	09-06-00	\$1,000.00
E. Full Name, Mailing Address and ZIP Raymond Pennington	(Name of E	mployer	Oate (mo-dy-yr)	Amount
3454 Ronakoke Street Seaford, NY 11783	Occupation	'n	09-06-00	\$1,000.00
SIGNATURE (optional)		9/c/00	Federal Ele 1999 E Strei Washington	n, DC 20463 0D-424-9530
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FEC FORM 6

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

To be used to report all contributions (incof \$1000 or more, received within 20 day	eluding loans) as of the election.		
1. NAME OF COMMITTEE IN FULL Pete King for Congress			
ADDRESS (number and street) Post Office Box 1428			
CITY, STATE and ZIP CODE Seaford, NY 11783			
2. NAME OF CANDIDATE PETER T. KING	3.OFFICE SOUGHT (State and District) House (NY 3)		
Any information copied from such Report or used by any person for the purpose of commercial purposes other than using th political committee to solicit contributions	soliciting contributions or a name and address of ar	or	ontification Numbe
A Full Name, Mailing Address and ZIP	Name of Employer Self	Date (mo-dy-yr)	Amount
Edward Groarke 1225 Franklin Avenue, Suite 450 Garden City, NY 11530	Occupation Attorney	09-06-00	\$1,000.00
B. Full Name, Mailing Address and ZIP Edward Groarke	Name of Employer Self	Date (mo-dy-yr)	Amount
1225 Franklin Avenue, Suite 450 Garden City, NY 11530	Occupation Attorney	09-06-00	\$1,000.00
C. Full Name, Mailing Address and ZIP John Mills	Name of Employer Self	Date (mo-dy-yr)	Amount
1225 Franklin Avenue, Sulte 450 Garden City, NY 11530	Occupation Attorney	09-06-00	\$1,000.00
D. Full Name, Mailing Address and ZIP John Mills	tName of Employer Self	Date (mo-dy-yr)	Amount
1225 Franklin Avenue, Suite 450 Garden City, NY 11530	Occupation Attorney	09-06-00	\$1,000.00
E. Full Name, Mailing Address and ZIP	Name of Employer	Date /mo.dv.us	Amount

(mo-dy-yr) Christopher O'Hara Self 592 Cold Spring Road Occupation 09-06-00 \$1,000.00 Laurel Hollow, NY 11791 Attorney For further information contact: SIGNATURE (optional) Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420

FEC FORM 6

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received. DATE OF RECEIPT Hand Delivered POSTMARKED First Class Mail POSTMARKED Registered/Certified Mail No Postmark Postmark Illegible DATE OF RECEIPT Received from the House Office of Records and Registration DATE OF RECEIPT Received from the Senate Office of Public Records POSTMARKED Other (Specify): X and/or DATE OF RECEIPT The document preceding this page was received at a FAX machine at the Pederal Election Commission. The receiving PAX machine has printed at the bottom of each page the receiving date, the time received, the phone number of the transmitting machine, and the sequential page number. DATE PREPARED PREPARER

n/e

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