

## STATEMENT OF ORGANIZATION

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Pete King for Congress</b>	2. DATE <b>08-06-99</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>Post Office Box 1428</b>	3. FEC ID NUMBER <b>C00272211</b>
(c) City, State and ZIP Code <b>Seaford, NY 11783</b>	4. AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. (Complete the candidate information below.)  
☐ (b) This is an authorized, NOT a principal committee (Complete the candidate information below.)

Name of Candidate	Candidate Party	Office Sought	State/District
<b>PETER T. KING</b>	<b>Republican</b>	<b>U.S. House</b>	<b>NY/3</b>

- ☐ (c) This committee supports \_\_\_\_\_ and is NOT an authorized committee.  
 \_\_\_\_\_ (name of candidate)  
☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
 \_\_\_\_\_ (National, State or subordinate) \_\_\_\_\_ (Democratic, Republican etc.)  
☐ (e) This committee is a separate segregated fund.  
☐ (f) This committee supports more than one Federal candidate and is NOT a fund or party committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization: ☐ Corporation ☐ Corporation w/o Capital Stock  
☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify the person in possession of committee books and records.  
Full Name Mailing Address Title or Position  
**Anne Rosenfeld** **185 West Park Avenue, Long Beach, NY 11561** **Records Custodian**

8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer.  
Full Name Mailing Address Title or Position  
**Anne Rosenfeld** **185 West Park Avenue, Long Beach, NY 11561** **Treasurer**  
**Asst. Treasurer**

9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts.  
Name of Bank, Depository, etc. Mailing Address and ZIP Code

**Chase Manhattan Bank****Merrick Road, Seaford, NY 11783**

I certify that I have examined this Statement and to the best of my knowledge it is correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
<b>Anne Rosenfeld</b>	<i>Anne Rosenfeld</i>	<b>08-06-99</b>

NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.  
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission: 800-424-9530

FEC FORM 1

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 8-6-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
Jim D PREPARER	8-5-99 DATE PREPARED