

JUL 09 1992  
REGULAR MAIL

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
OFFICE OF RECORDS & REGISTRATION

1992 JUL 14 PM 4:00

1. (a) NAME OF COMMITTEE IN FULL  
PETE KING FOR CONGRESS COMMITTEE  
(b) Number and Street Address  
P.O. Box 1428  
(c) City, State and ZIP Code  
SEAFORD NEW YORK 11783

2. DATE  
JUL 9 1992  
3. IDENTIFICATION NUMBER  
151930  
4. AMENDMENT?  
☐ YES ☒ NO

## 5. TYPE OF COMMITTEE (Check one)

- ☒ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ (name of candidate) and is NOT an authorized committee.
- ☐ (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/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. 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 by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
TREASURER		
Eugene Turner	283 Westside Ave. Freeport, N.Y. 11520	Treasurer

## 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Robert Ragone	3815 Bayberry Lane, Sea Ford, N.Y. 11783	Asst. Treasurer

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Chemical Bank	3875 Merrick Road Sea Ford, N.Y. 11783

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
EUGENE A. TURNER	Eugene Turner	7/9/92

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-376-3120

FEC FORM 1  
(revised 4/87)

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