



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Anne Rosenfeld, Treasurer
Pete King for Congress Committee
Post Office Box 1428
Seaford, NY 11783

JAN 24 2001

Identification Number: C00272211

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Ms. Rosenfeld:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the new or corrected information. If the contribution(s) exceeds the limits, you should either

refund to the donor the amount in excess of \$1,000 or request a written redesignation and/or reattribution of the contribution(s) from the donor. All refunds, redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

-Schedule B of your report (pertinent portion attached) discloses a contribution(s) which appears to exceed the limits established by the Act. The Act precludes an individual or a political committee from making a contribution to a national party committee in excess of \$20,000 per calendar year. (2 U.S.C. §441a(a)) However, a political committee may make unlimited transfers to a national party committee if the excess amount is determined to be and disclosed as "excess campaign funds". (11 CFR §113.1(e))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report with the correct information. If the contribution made was excessive, you should notify the recipient and request a refund of the amount in excess of \$20,000. You should inform the Commission in writing of such a refund and provide a copy of the refund request sent to the recipient committee. The refund should appear on Line 15 of the Detailed Summary Page and on a supporting Schedule A of the report covering the period in which the refund is received.

Although the Commission may take further legal action, prompt action by you to obtain a refund of the excessive amount(s) will be considered.

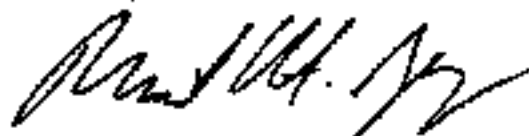
-Please provide the omitted figure(s) for Columns A and B, Line 17 of the Detailed Summary Page.

-Column A, Line 6(b) of the Summary Page should equal Column A, Line 20(d) of the Detailed Summary Page.

-Your committee filed a 48 hour notice disclosing a "last minute" contribution from M. J. Grennan, Jr. on 10/19/00. This contribution does not appear on a Schedule A of this report. Please amend your report to include this contribution or provide an explanation of this apparent discrepancy.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Michael H. Young
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

PAGE 5 OF 13
FOR LINE NUMBER
11(a)(i)

Information copied from these Reports may not be sold or used for soliciting contributions or other purposes other than using the name and address of a political committee to solicit contributions from

NAME OF COMMITTEE (in Full)
Pete King for Congress

C00272211

A. Full Name, Mailing Address and ZIP James Dougherty 2003 Oakland Avenue Wantagh, NY 11793	Name of Employer Center for Integrated Tea	Date 09-12-00	Amount this pd \$200.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		
	Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Thomas Poole 97 10th Street Garden City, NY 11530	Name of Employer Hallen Corportion	Date 09-12-00	Amount this pd \$500.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Year-to-Date > \$750.00		
C. Full Name, Mailing Address and ZIP Albert Zilkha 1 White Gate Drive Old Brookville, NY 11545	Name of Employer Self-employed	Date 09-12-00	Amount this pd \$1,000.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Morton Bouchard 77 Newbridge Road Hicksville, NY 11801	Name of Employer Bouchard Transportation C	Date 09-12-00	Amount this pd \$500.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP John Cleary 20 Cove Woods Road Oyster Bay, NY 11771	Name of Employer Farrell, Fritz	Date 09-12-00	Amount this pd \$250.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney		
	Year-to-Date > \$750.00		
F. Full Name, Mailing Address and ZIP Ann M. Jablonsky 81 Lee Avenue Hicksville, NY 11801	Name of Employer retired	Date 09-12-00	Amount this pd \$25.00
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired		
	Year-to-Date > \$225.00		
G. Full Name, Mailing Address and ZIP David Salton 34 Third Avenue Port Washington, NY 11050	Name of Employer Self-Employed	Date 09-14-00	Amount this pd \$200.00
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Educational Consultant		
	Year-to-Date > \$300.00		
SUBTOTAL of Receipts This Page (optional)			\$2,675.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

PAGE 4	OF 15
FOR LINE NUMBER	
11(a)(i)	

Information copied from these Reports may not be sold or used for soliciting contributions or campaign purposes, other than using the name and address of a political committee to solicit contributions from

NAME OF COMMITTEE (in Full)

Pete King for Congress

C00272211

A. Full Name, Mailing Address and ZIP Nicholas Longo 36 Brookside Drive Plandome, NY 11030 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Info Requested Year-to-Date > \$250.00	Date 10-27-00	Amount this period \$100.00
B. Full Name, Mailing Address and ZIP Teresa Murphy 3556 Tonopah Street Seaford, NY 11783 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Nassau County Clerk's Office Occupation Typing Clerk Year-to-Date > \$300.00	Date 10-27-00	Amount this period \$100.00
C. Full Name, Mailing Address and ZIP Rachelle Nacht 1380 Bellmore Avenue Bellmore, NY 11710 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mortgage Match Occupation Mortgage Broker Year-to-Date > \$400.00	Date 10-27-00	Amount this period \$200.00
D. Full Name, Mailing Address and ZIP Albert Zilkha 1 White Gate Drive Old Brookville, NY 11545 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Physician Year-to-Date > \$2,000.00	Date 11-01-00	Amount this period \$1,000.00
E. Full Name, Mailing Address and ZIP Alvin Benjamin 377 Oak Street, Suite 401 Garden City, NY 11530 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Benjamin Development Compice Occupation Real Estate Developer Year-to-Date > \$2,000.00	Date 11-01-00	Amount this period \$2,000.00
F. Full Name, Mailing Address and ZIP Barry Rosen 1043 Roxbury Drive Westbury, NY 11590 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer East Coast Abstract Occupation Attorney Year-to-Date > \$250.00	Date 11-01-00	Amount this period \$250.00
G. Full Name, Mailing Address and ZIP Craig DeBaun 2998 Waverly Avenue Oceanside, NY 11572 Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Camp DeBaun Occupation Camp Director Year-to-Date > \$500.00	Date 11-01-00	Amount this period \$500.00
SUBTOTAL of Receipts This Page (optional)			\$4,150.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NASSAU County Finance Committee 164 Post Avenue Great Neck, NY 11580	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/00	500.00
444 Nat'l Republican Congressional Com. 100 1st Street Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/00	25,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

25,500.00

