

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Pete King For Congress Committee

ADDRESS (number and street)  
▼

PO Box 1428

☐Check if different  
than previously  
reported. (ACC)

Seaford

NY

11783

0257

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00272211

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

NY

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

25

2008

through

12

31

2008

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

Anne Rosenfeld

Signature of Treasurer

Electronically Filed by Anne Rosenfeld

Date

01

29

2009

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Pete King For Congress Committee

Report Covering the Period:

From:

M M  
1 1D D  
2 5Y Y Y Y  
2 0 0 8

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	6330.00	9370.00
(b) Total Contribution Refunds (from Line 20(d)).....	700.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5630.00	8670.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30327.60	56167.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30327.60	56167.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1077262.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Pete King For Congress Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

2000.00

3750.00

(ii) Unitemized.....

1330.00

1870.00

(iii) TOTAL of contributions

from individuals..... ▶

3330.00

5620.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACS).....

3000.00

3750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

6330.00

9370.00

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....**

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

1847.38

11009.92

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶**

8177.38

20379.92

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30327.60	56167.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	700.00	700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	700.00	700.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31027.60	56867.77

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1100112.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	8177.38
25. SUBTOTAL (add Line 23 and Line 24).....	1108289.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31027.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1077262.27

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Coach Lou Holtz

Mailing Address 9209 Cromwell Park Place

City

Orlando

State

FL

Zip Code

32827-7005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESPN

Occupation

Analyst

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	8

Transaction ID: A-C17493

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Mr. J.E. Blues Buckholz

Mailing Address 4717 Tree Lane NE

City

Salem

State

OR

Zip Code

97305-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Natl Guard

Occupation

Officer

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	8

Transaction ID: A-C17503

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Hammond, Jr.

Mailing Address 10790 Hunt Club Drive

City

Reston

State

VA

Zip Code

20190-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SpecTal

Occupation

Consultant

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	8

Transaction ID: A-C17504

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Richardson

Mailing Address 19 E 72nd Street

City

New York

State

NY

Zip Code

10021-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FE Richardson & CompanyOccupation  
Chairman

Receipt For: 2010

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	8

Transaction ID: A-C17510

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

2000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Faith In Health Care

Mailing Address PO Box 213

City

Rockville Centre

State

NY

Zip Code

11571-0213

FEC ID number of contributing  
federal political committee.

**C** C00428904

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A-C17457

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

3000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Astoria Federal Savings

Mailing Address 1001 Park Boulevard

City

Massapequa Park

State

NY

Zip Code

11762-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

947.38

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: A-M17460

Amount of Each Receipt this Period

947.38

interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

National Grid

Mailing Address 25 Research Drive

City

Westborough

State

MA

Zip Code

01582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: A-M17461

Amount of Each Receipt this Period

900.00

refund

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1847.38

**TOTAL** This Period (last page this line number only) .....

1847.38



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 16

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Pete King For Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) RSVP Events LLC  Mailing Address 1526 17th Street	<b>Transaction ID:</b> B-E-17479 <b>Date of Disbursement</b> <div> <div>11</div> <div>25</div> <div>2008</div> </div>
City Washington State DC Zip Code 20036-6216 Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>8000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ms Diane Bondareff  Mailing Address 545 W 111th Street Apt. 4D  City New York State NY Zip Code 10025-1962 Purpose of Disbursement photography Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17488 <b>Date of Disbursement</b> <div> <div>11</div> <div>25</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1372.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Cablevision  Mailing Address 6 Corporate Drive  City Melville State NY Zip Code 11747 Purpose of Disbursement internet, phone & cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17463 <b>Date of Disbursement</b> <div> <div>12</div> <div>05</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>244.46</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**9616.57**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 16

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Pete King For Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) General Security	<b>Transaction ID:</b> B-E-17473 <b>Date of Disbursement</b>
Mailing Address PO Box 329	<div> <div>12</div> <div>05</div> <div>2008</div> </div>
City Plainview State NY Zip Code 11803-0329	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Administrative/Salary/Overhead: monitor Candidate Name	<div>214.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Loyal Business Machines	<b>Transaction ID:</b> B-E-17476 <b>Date of Disbursement</b>
Mailing Address 980 Sunrise Highway	<div> <div>12</div> <div>05</div> <div>2008</div> </div>
City West Babylon State NY Zip Code 11704-6120	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement equipment lease Candidate Name	<div>377.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Seaford Republican Club	<b>Transaction ID:</b> B-E-17481 <b>Date of Disbursement</b>
Mailing Address PO Box 245	<div> <div>12</div> <div>05</div> <div>2008</div> </div>
City Seaford State NY Zip Code 11783-0245	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Other: donation Candidate Name	<div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1592.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) State Farm Insurance	<b>Transaction ID:</b> B-E-17482 <b>Date of Disbursement</b>
Mailing Address 3054 Jerich Turnpike	<div> <div>12</div> <div>05</div> <div>2008</div> </div>
City East Northport State NY Zip Code 11731	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement insurance	<div>1040.70</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cablevision	<b>Transaction ID:</b> B-E-17464 <b>Date of Disbursement</b>
Mailing Address 6 Corporate Drive	<div> <div>12</div> <div>12</div> <div>2008</div> </div>
City Melville State NY Zip Code 11747	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement cable, phone, internet	<div>234.34</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Cannon Financial Services	<b>Transaction ID:</b> B-E-17465 <b>Date of Disbursement</b>
Mailing Address PO Box 4004	<div> <div>12</div> <div>12</div> <div>2008</div> </div>
City Carol Stream State IL Zip Code 60197-4004	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement equipment lease	<div>509.88</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1784.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Pete King For Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) FEC Mailing Address 999 E Street	<b>Transaction ID:</b> B-E-17470 <b>Date of Disbursement</b> <div> <div>12</div> <div>12</div> <div>2008</div> </div>
City Washington State DC Zip Code 20463-0001 Purpose of Disbursement Administrative/Salary/Overhead: ADR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>4500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ford Motor Credit Mailing Address PO Box 220564 City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Administrative/Salary/Overhead: lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17472 <b>Date of Disbursement</b> <div> <div>12</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>543.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address PO Box 1428 City Seaford State NY Zip Code 11783-0257 Purpose of Disbursement petty cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17466 <b>Date of Disbursement</b> <div> <div>12</div> <div>12</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>400.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**5443.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 64268

City  
Baltimore

State  
MD

Zip Code  
21264-4268

Purpose of Disbursement  
cell phone charges

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-17486

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

297.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

First Impressions Creative Services

Mailing Address 807 Lucerne Avenue

City  
Lake Worth

State  
FL

Zip Code  
33460-3751

Purpose of Disbursement  
Administrative/Salary/Overhead: website

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-17471

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 64268

City  
Baltimore

State  
MD

Zip Code  
21264-4268

Purpose of Disbursement  
cell phone charges

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-17487

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

92.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

639.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Pete King For Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Andrukitis Mailing Address 50 E Street	<b>Transaction ID:</b> B-E-17469 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003-2620 Purpose of Disbursement Administrative/Salary/Overhead: printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1372.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Edie Longo Mailing Address 111 Ampel Avenue City North Bellmore State NY Zip Code 11710-2759 Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17468 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Mailing Address PO Box 1428 City Seaford State NY Zip Code 11783-0257 Purpose of Disbursement Administrative/Salary/Overhead: catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-17467 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>380.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2752.11

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

A.

Full Name (Last, First, Middle Initial)

RSVP Events LLC

Mailing Address 1526 17th Street

City  
Washington

State  
DC

Zip Code  
20036-6216

Purpose of Disbursement

Administrative/Salary/Overhead: salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B-E-17480

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2008

Amount of Each Disbursement this Period

8000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

29829.18

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Pete King For Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

Faith In Health Care

Mailing Address PO Box 213

City  
Rockville Centre

State  
NY

Zip Code  
11571-0213

Purpose of Disbursement  
refund of excess contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B-E-17458

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	8

Amount of Each Disbursement this Period

700.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

700.00