

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL PETE King for Congress	
ADDRESS (Number and Street) P.O. Box 1428	
CITY, STATE, AND ZIP CODE Saratoga, NY 11783	
2. NAME OF CANDIDATE PETER T. King	3. OFFICE SOUGHT (State and District) NY-3

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.

4. REGISTRATION NUMBER

C00272211

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
Transp. Builders Trust NY PAC 130 Liberty Street New York, NY 10006	—	10/2/98	\$2,000
Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814-5372	—	10/21/98	\$2,000
National Beer Wholesalers Assoc. 1100 S. Washington Street Alexandria, VA 22314-4444	—	10/2/98	\$1,000
DAVID CROWE 97 Elder Road Islip, NY 11751	SELF	10/2/98	\$1,000
Cunningham & Cunningham, LLP 22 Jericho Turnpike Mineola, NY 11501-2937	—	10/21/98	\$1,000

SIGNATURE (optional)	DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-219-3420
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FEC FORM 6

(11/93)

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

1. NAME OF COMMITTEE IN FULL PETE King for Congress	
ADDRESS NUMBER AND PREFIX P.O. Box 1428	
CITY, STATE, and ZIP CODE Seaford, NY 11783	
2. NAME OF CANDIDATE PETER T. King	3. OFFICE SOUGHT (State and District) NY-3
4. FEC IDENTIFICATION NUMBER C00272211	

A. Full Name, Mailing Address and ZIP Code Transpaco American Medical PAC 1101 VERMONT AVE, NW WASHINGTON, DC 20005	Name of Employer —	Date (month, day, year) 10/21/95	Amount \$2,000
	Occupation —		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
SIGNATURE (optional)		DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-219-3420

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(11/93)

FEC00144

Federal Election Commission
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PREPARER
n/a

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n/a