

JUL 12 1995

REPORT OF RECEIPTS AND DISBURSEMENTS

CERTIFIED MAIL

For An Authorized Committee
(Summary Page)RECEIVED
OFFICE OF RECORDS & INFORMATION

95 JUL 14 AM 8 00

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

151930

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|-------------------------------|---|
| 1. NAME OF COMMITTEE (in full) <u>Pete King for Congress Comm.</u> | | 2. FEC IDENTIFICATION NUMBER <u>00272211</u> |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <u>PO Box 1428</u> | | |
| CITY, STATE and ZIP CODE <u>Seaford NY 11783</u> | STATE/DISTRICT <u>NY 3</u> | |
| 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ Twelfth day report preceding _____ (Type of Election)
- ☐ July 15 Quarterly Report election on _____ in the State of _____
- ☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____
- ☐ January 31 Year End Report _____ in the State of _____
- ☒ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

"1995"

SUMMARY

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| <u>Jan 1</u> through <u>June 30</u> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 93601.46 | 93601.46 |
| (b) Total Contribution Refunds (from Line 20(d)) | 500.00 | 500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 93101.46 | 93101.46 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 24664.50 | 24664.50 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | | |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 24664.50 | 24664.50 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 90919.70 | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |

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

EUGENE TURNER

Signature of Treasurer

Eugene Turner

Date

7/12/95

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3
(revised 4/87)

2000-10-10 14:00:00

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Pete King for Congress Committee Report Covering the Period:
From: Jan 1 To: June 30 1995

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) Total of contributions from individuals

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))

COLUMN A
Total This Period

COLUMN B
Calendar Year-To-Date

17,229.93

25,264.74

42,494.67

42,494.67

51,106.79

51,106.79

93,601.46

93,601.46

11(a)(i)

11(a)(ii)

11(a)(iii)

11(b)

11(c)

11(d)

11(e)

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

12

13. LOANS:

(a) Made or Guaranteed by the Candidate

(b) All Other Loans

(c) TOTAL LOANS (add 13(a) and (b))

13(a)

13(b)

13(c)

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

14

15. OTHER RECEIPTS (Dividends, Interest, etc.)

15

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)

93,601.46

93,601.46

16

II. DISBURSEMENTS

17. OPERATING EXPENDITURES

24,664.50

24,664.50

17

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

5,000.00

5,000.00

18

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))

19(a)

19(b)

19(c)

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))

500.00

500.00

20(a)

20(b)

20(c)

20(d)

500.00

500.00

21. OTHER DISBURSEMENTS

21

22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)

30,164.50

30,164.50

22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

\$ 27,482.74

23

24. TOTAL RECEIPTS THIS PERIOD (from Line 16)

\$ 93,601.46

24

25. SUBTOTAL (add Line 23 and Line 24)

\$ 121,084.20

25

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)

\$ 30,164.50

26

27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)

\$ 90,919.70

27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 1121

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 Stanley Arkin PO Box 1457 Amagansett NY 11930 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation Investments Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 3/3/95 | Amount of Each Receipt this Period \$250.00 |
| B. Full Name, Mailing Address and ZIP Code Alvin Benjamin 377 Oak Street Garden City NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Benjamin Develop. Occupation real estate manager Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 4/20/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code James E. Cooling 1012 West 61st Ter. Kansas City MO 64113 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 1/4/95 | Amount of Each Receipt this Period \$250.00 |
| D. Full Name, Mailing Address and ZIP Code Joseph Daly 1601 S. Barton Street Arlington VA 22204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Muldoon, Murphy & Associates Occupation attorney Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 2/17/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code Leo Fidler 155 East 55th Street New York NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer HMG Occupation Marketing Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/7/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Joseph Finn 52 Argonne Road East Hampton Bays NY 11946 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation investigator Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/28/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code T.R. Fitzsimons 149 Shelley Lane Wheaton IL 60187 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Culligan Water Cond Occupation executive Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 5/7/95 | Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 21 OF 4
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|---|---|--|---|
| A. Full Name, Mailing Address and ZIP Code Robert Fromer 30 Lighthouse Road Kings Point NY 11024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Harman & Craven Occupation attorney Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/29/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code Fred Howard 475 Tenth Avenue New York NY 10018 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Howard Intl. Corp. Occupation owner Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/7/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code Harvinder S Kohli 1001 W. Mitchell No. 201 Arlington TX 16013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation realtor Aggregate Year-to-Date > \$ 400.00 | Date (month, day, year) 2/28/95 2/28/95 | Amount of Each Receipt this Period \$200.00 \$200.00 |
| D. Full Name, Mailing Address and ZIP Code Richard Mahoney 47-39 157th Street Flushing NY 11355 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation insurance Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/28/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code E. Lawrence Miller 790 Boylster Street Apr. 17J Boston MA 02199 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Bradley Real Estate Occupation Executive Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 4/11/95 | Amount of Each Receipt this Period \$250.00 |
| F. Full Name, Mailing Address and ZIP Code John F. Mills 1225 Franklin Ave. Ste.450 Garden City NY 11530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation attorney Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 3/30/95 | Amount of Each Receipt this Period \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Martin Moran 1300 Lakeshore Drive Massapequa NY 11762 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation public relations Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 6/1/95 | Amount of Each Receipt this Period \$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 3 OF 4
FOR LINE NUMBER 1101

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|--|---|---|---|
| A. Full Name, Mailing Address and ZIP Code John Murray 3232 Railroad Avenue Wantagh NY 11793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Mulcahys Occupation restaurant owner Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 4/6/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code NYNEX 125 High Street Rm. 309 Boston MA 02110-2721 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): refund | Name of Employer refund LE PHONG COSTS Occupation CAMPAIGN Aggregate Year-to-Date > \$ 479.93 | Date (month, day, year) 1/30/95 1/1/95 | Amount of Each Receipt this Period \$116.29 \$363.64 |
| C. Full Name, Mailing Address and ZIP Code Kenneth O'Brien 165 East Loines Avenue Merrick NY 11566 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Aurora Insurance Occupation CEA Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 4/1/95 | Amount of Each Receipt this Period \$250.00 |
| D. Full Name, Mailing Address and ZIP Code Kevin P O'Sullivan Four Bridle Path Drive Old Westbury NY 11568 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer retired Occupation retired Aggregate Year-to-Date > \$ 2,000.00 | Date (month, day, year) 4/30/95 | Amount of Each Receipt this Period \$2,000.00 |
| E. Full Name, Mailing Address and ZIP Code Michael Quinn 9305 Langford Court Potomac MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer FNMA Occupation Sr. Vice President Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/1/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Michael E Rosenzweig 9 Wheatlly Road Old Westbury NY 11568 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation insurance Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 3/27/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code John Sharkey 210 Beach 140th Street Belle Harbor NY 11694 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer MCI Communications Occupation Vice President Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 5/5/95 | Amount of Each Receipt this Period \$250.00 |

SUBTOTAL of Receipts This Page (optional)

4,479.93

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER
11a1

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|--|---|---|--|
| A. Full Name, Mailing Address and ZIP Code Kiernan Staunton 39-42 45 th St Long Island City NY Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer <i>Island Int'l Consultants Inc.</i> Occupation <i>President</i> Aggregate Year-to-Date > \$ <u>\$600.00</u> | Date (month, day, year) 6/1/95 | Amount of Each Receipt this Period \$600.00 |
| B. Full Name, Mailing Address and ZIP Code Edward Wenger Forest Drive Sands Point NY 11050 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Prospective Compute Occupation <i>President</i> Aggregate Year-to-Date > \$ <u>\$2,000.00</u> | Date (month, day, year) 6/15/95 | Amount of Each Receipt this Period \$2,000.00 |
| C. Full Name, Mailing Address and ZIP Code Bernice Wenger Forest Drive Sands Point NY 11050 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation <i>housewife</i> Aggregate Year-to-Date > \$ <u>\$1,000.00</u> | Date (month, day, year) 6/15/95 | Amount of Each Receipt this Period \$1,000.00 |
| D. Full Name, Mailing Address and ZIP Code Frank Zajack 424 Warwick Road East Meadow NY 11554 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Town of Hempstead Occupation <i>maintenance mech.</i> Aggregate Year-to-Date > \$ <u>\$500.00</u> | Date (month, day, year) 5/4/95 5/4/95 | Amount of Each Receipt this Period \$200.00 \$300.00 |
| E. Full Name, Mailing Address and ZIP Code Albert Zilkha One White Gate Drive Old Brookville NY 11545 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer self Occupation <i>physician</i> Aggregate Year-to-Date > \$ <u>\$500.00</u> | Date (month, day, year) 4/2/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code <i>Adele Smithers</i> <i>6 Frost Mill Road</i> <i>Mill Neck, NY 11765</i> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer <i>info request</i> Occupation Aggregate Year-to-Date > \$ <u>1,000.00</u> | Date (month, day, year) 6/27/95 | Amount of Each Receipt this Period 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional)

5,600.00

TOTAL This Period (last page this line number only)

17,229.93

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 1 OF 12
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

A. Full Name, Mailing Address and ZIP Code

 Advanta Corp. Employees PAC
650 Naamans Road
Claymont
DE 19703

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

3/30/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

B. Full Name, Mailing Address and ZIP Code

 AFSA PAC
919 Eighteenth Street NW
Washington
DC 20006

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

2/16/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

C. Full Name, Mailing Address and ZIP Code

 AFSCME PAC
1625 L Street NW
Washington
DC 20036

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

3/14/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

D. Full Name, Mailing Address and ZIP Code

 AGSHF Civil Action Comm. PAC
1333 New Hampshire Avenue NW
Washington
DC 20036

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

2/28/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

E. Full Name, Mailing Address and ZIP Code

 ALPPA PAC
1625 Massachusetts Avenue NW
Washington
DC 20036

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

3/9/95

Amount of Each Receipt this Period

\$1,000.00

Occupation

Aggregate Year-to-Date > \$

\$1,000.00

F. Full Name, Mailing Address and ZIP Code

 American Collectors Asso. PAC
4040 West 70th Street
Minneapolis
MN 55436

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

3/14/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

G. Full Name, Mailing Address and ZIP Code

 American Crystal Sugar PAC
101 North Third Street
Moorhead
MN 56560

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

3/3/95

Amount of Each Receipt this Period

\$500.00

Occupation

Aggregate Year-to-Date > \$

\$500.00

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 112
FOR LINE NUMBER
11C

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | |
|---|--|--|
| A. Full Name, Mailing Address and ZIP Code American Internation Group PAC 1455 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/2/95 Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code American Maritime Offices PAC 50 Fourth Avenue Brooklyn NY 11732 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/23/95 Amount of Each Receipt this Period \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code American Optometric Asso. PAC 1505 Prince Street Ste. 300 Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/3/95 Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code ARMPAC 1155 21st Street NW Ste. 300 Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 12/29/95 Amount of Each Receipt this Period \$6.79 |
| E. Full Name, Mailing Address and ZIP Code Associated Credit Bureaus PAC 1090 Vermont Avenue Ste. 200 Washington DC 20005-4905 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/7/95 Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code AT&T PAC 32 Avenue of the Americas New York NY 10013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/16/95 Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Bankers Trust NY Corp. PAC 280 Park Avenue New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/8/95 Amount of Each Receipt this Period \$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

4006.79

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 12
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | |
|--|--|---|
| A. Full Name, Mailing Address and ZIP Code PAC Barnett People for Better Govt. 50 N. Laura Street Jacksonville FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Govt. Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/14/95 Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code Barnett People for Better PAC 50 North Laura Street Jacksonville FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/1/95 Amount of Each Receipt this Period \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code BEN PAC 453 New Jersey Avenue SE Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/21/95 Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code PAC Brown & Williamson Tobacco Corp PO Box 35090 Louisville KY 40232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Corp Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/24/95 Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code CBANYS PAC P Box 325 Grand Central Station NY 10163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/8/95 Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Chase PAC Two Chase Plaza, Mezz. Level New York NY 10081 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/2/95 5/8/95 Amount of Each Receipt this Period \$1,500.00 \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Chase PAC Two Chase Plaza, Mezz. Level New York NY 10081 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/1/95 Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

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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 Chemical Bank Fund of Good Govt 270 Park Avenue New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/6/95 Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code Citicorp Voluntary PAC 1101 Pennsylvania Ave. NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/23/95 5/9/95 Amount of Each Receipt this Period \$1,000.00 \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Commodity Futures Political PAC 30 South Wacker Drive Chicago IL 60606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code COMPAC 900 19th Street NW Ste. 400 Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 4/19/95 6/27/95 Amount of Each Receipt this Period \$500.00 500.00 |
| E. Full Name, Mailing Address and ZIP Code and Brokers PAC Council of Insurance Agents, 316 Pennsylvania Avenue SE Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Action Council PAC Credit Union 805 Fifteenth Street NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Legislative Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/23/95 Amount of Each Receipt this Period \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Dean Witter-Discover Co. PAC 1300 I Street NW 12 Floor Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/15/95 6/27/95 Amount of Each Receipt this Period \$500.00 500.00 |

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|---|---|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code English Language PAC PO Box 9558 Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code ENGPAC 1441 Fourth Street Santa Monica CA 90401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/22/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code ENGPAC 1441 Fourth Street Santa Monica CA 90401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 12/15/95 | Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code Firemans Fund Ins. Co. PAC 777 San Marin Drive Novato CA 94945 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/17/95 | Amount of Each Receipt this Period \$300.00 |
| E. Full Name, Mailing Address and ZIP Code First Chicago Corp PAC 1 First National Plaza Chicago IL 60670 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/22/95 | Amount of Each Receipt this Period \$1,000.00 |
| F. Full Name, Mailing Address and ZIP Code First Chicago Corporation PAC One First National Plaza Chicago IL 60670 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/21/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Fleet Financial Group PAC 75 State Street Boston MA 02109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/27/95 | Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

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|--|--|---|--|
| A. Full Name, Mailing Address and ZIP Code Goldman Sachs Partners PAC 1101 Penn Avenue Ste.900 Washington NY <u>20004</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/24/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code PAC Great Western Financial Corp. 9200 Oakdale Avenue Chatsworth CA <u>91311</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code House PAC <i>2700 Sanders Rd</i> <i>Prospect Heights, IL 60070</i> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/21/95 | Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code Independent Bankers PAC One Thomas Circle NW St. 950 Washington DC <u>20005</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/7/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code INEW COPE 1125 15th Street NW Washington DC <u>20005</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/6/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Pilots, PAC Int'l Organ. Masters, Mates 700 Maritime Boulevard Linthicum MD <u>21090</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/24/95 | Amount of Each Receipt this Period \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Ironworkers PAC 1750 New York Avenue Washington DC <u>20006</u> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/1/95 6/27/95 | Amount of Each Receipt this Period \$500.00 4500.00 |

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|--|--|---|---|
| A. Full Name, Mailing Address and ZIP Code ITT Hartford Advocates Fund Hartford Plaza Hartford CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/24/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code IUOE Local 138 PAC PO Box 206 Farmingdale NY 11735 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/7/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code JP Morgan Companies PAC 60 Wall Street New York NY 10260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/8/95 Amount of Each Receipt this Period \$1,000.00 | Amount of Each Receipt this Period \$1,000.00 |
| D. Full Name, Mailing Address and ZIP Code Laborers Political League 905 16th Street NW Washington DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/22/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code Laborers Political League 905 Sixteenth Street NW Washington DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/10/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Life Insurance PAC 1001 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/16/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Mellon Bank Corp. PAC PO Box 15629 Pittsburgh PA 15244 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/10/95 Amount of Each Receipt this Period \$500.00 | Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|---|---|---|--|
| A. Full Name, Mailing Address and ZIP Code Merrill Lynch PAC 3000 K Street NW Ste. 620 Washington DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/29/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code Metropolitan Life Inc. Co PAC One Madison Avenue New York NY 10010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 4/11/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code Midlantic PAC 1 Engle Street Englewood NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/14/95 | Amount of Each Receipt this Period \$100.00 |
| D. Full Name, Mailing Address and ZIP Code Morgan Companies PAC 60 Wall Street New York NY 10260 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/9/95 | Amount of Each Receipt this Period \$1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Morgan Stanley & Co. PAC 801 Pennsylvania Avenue NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/23/95 6/27/95 | Amount of Each Receipt this Period \$1,000.00 \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Mutual of Omaha Comp. PAC Mutual of Omaha Plaza Omaha NE 68175 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/10/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Nationsbank Corp PAC 100 North Tryon Street Charlotte NC 28255 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/27/95 | Amount of Each Receipt this Period \$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|--|---|---|---|
| A. Full Name, Mailing Address and ZIP Code Sec. and Medicare Natl Comm. to Preserve Social 2000 K Street NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer to Preserve Social Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 6/13/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code PAC Natl. Asso. Fed. Credit Unions PO Box 3769 Washington DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/27/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code Natl. Check Cashers Assoc. PAC One Mack Center Dr. Paramus NJ 07652 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 | Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code And Medicare PAC Natl. Comm. to Preserve SS 2000K Street NW Ste. 800 Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/9/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code NFL PAC PO Box 2301 Arlington VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/23/95 3/1/95 | Amount of Each Receipt this Period \$500.00 \$200.00 |
| F. Full Name, Mailing Address and ZIP Code NYL PAC 51 Madison Avenue New York NY 10010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/13/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code NYNEX Federal PAC 1 1095 Avenue of Americas NY NY 10036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/2/95 | Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

3,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

| | | | |
|--|--|---|---|
| A. Full Name, Mailing Address and ZIP Code NYS Electric and Gas Corp PAC 4500 Vestal Parkway East Binghamton NY 13902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/27/95 | Amount of Each Receipt this Period \$500.00 |
| B. Full Name, Mailing Address and ZIP Code Penney Pac 1156 15th St NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/7/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code Phillip Morris PAC 120 Park Avenue 25th Floor New York NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 | Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code Construction Trade Political Ed. Fund of Building 815 16th Street NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/8/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code Realtors PAC 430 North Michigan Avenue Chicago IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/24/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code Securities Industry Asso. PAC 1401 Eye Street, NW Ste.1000 Washington DC 20005-2225 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/28/95 | Amount of Each Receipt this Period \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Seward and Kissell One Battery Park Plaza New York NY 10004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/6/95 | Amount of Each Receipt this Period \$500.00 |

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Pete King for Congress Committee

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|---|---|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code SMAC PAC PO Box 221230 Chantilly VA 22022-1230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 4/25/95 | Amount of Each Receipt this Period \$1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Transport Workers Union PAC 80 West End Avenue New York NY 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/17/95 | Amount of Each Receipt this Period \$500.00 |
| C. Full Name, Mailing Address and ZIP Code League PAC Transportation Political Ed. 14600 Detroit Avenue Cleveland OH 44107 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 2/9/95 | Amount of Each Receipt this Period \$500.00 |
| D. Full Name, Mailing Address and ZIP Code USAA Group PAC USAA Building San Antonio TX 78288 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 3/1/95 | Amount of Each Receipt this Period \$500.00 |
| E. Full Name, Mailing Address and ZIP Code Wells Fargo and Co. Impact Fund 420 Montgomery Street San Francisco CA 94163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 5/9/95 | Amount of Each Receipt this Period \$500.00 |
| F. Full Name, Mailing Address and ZIP Code NORPAC PO Box 5595 Englewood, NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 6/27/95 | Amount of Each Receipt this Period \$2,000.00 |
| G. Full Name, Mailing Address and ZIP Code Manufactured Housing Inst. 1745 Jeff Davis Hwy Arlington, VA 22202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) 6/27/95 | Amount of Each Receipt this Period 500.00 |

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

PAGE 12 OF 12
FOR LINE NUMBER 110

NAME OF COMMITTEE (in Full)

Pete King for Congress

| A. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|-----------------------------|-------------------------|------------------------------------|
| Insur PAC 412 First St SE Ste 300 Washington DC 20003 | | | 6/27/95 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | 500.00 | |
| B. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |
| C. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |
| D. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | | |
| | | Aggregate Year-to-Date > \$ | | |

500.00

51,106.79

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7

FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

Dele Kung for Congress Committee

| | | | |
|--|--|---|--|
| A. Full Name, Mailing Address and ZIP Code <i>Edith M. Longo 111 Ampel Avenue No. Bellmore NY 11710</i> | Purpose of Disbursement <i>misc exp consulting meals, travel expenses</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/1/95 1/13/95 5/10/95</i> | Amount of Each Disbursement This Period <i>1500.00 413.05 39.95</i> |
| B. Full Name, Mailing Address and ZIP Code <i>Nassau County Republican Comm 164 Post Avenue Westbury, NY 11590</i> | Purpose of Disbursement <i>tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/5/95 3/6/95 3/8/95</i> | Amount of Each Disbursement This Period <i>300.00 1000.00 500.00</i> |
| C. Full Name, Mailing Address and ZIP Code <i>same as above</i> | Purpose of Disbursement <i>tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>5/10/95 6/6/95</i> | Amount of Each Disbursement This Period <i>300.00 105.00</i> |
| D. Full Name, Mailing Address and ZIP Code <i>observer Newspapers PO Box 407 Bellmore NY 11710</i> | Purpose of Disbursement <i>photo Ad</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/9/95</i> | Amount of Each Disbursement This Period <i>250.00</i> |
| E. Full Name, Mailing Address and ZIP Code <i>Congressional Printer wa 56 Rayburn Washington, DC 20515</i> | Purpose of Disbursement <i>invitations, envelop stationery</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>2/23/95 2/23/95 6/6/95</i> | Amount of Each Disbursement This Period <i>153.43 157.85 634.16</i> |
| F. Full Name, Mailing Address and ZIP Code <i>Camp USA 5901 Stevenson Avenue Alexandria, VA 22304</i> | Purpose of Disbursement <i>software</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>2/7/95</i> | Amount of Each Disbursement This Period <i>242.34</i> |
| G. Full Name, Mailing Address and ZIP Code <i>Capitol Hill Club 300 First Street SE Washington, DC 20003</i> | Purpose of Disbursement <i>dues, meals</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>2/14/95 6/13/95</i> | Amount of Each Disbursement This Period <i>150.00 117.44</i> |
| H. Full Name, Mailing Address and ZIP Code <i>monette 1014 D St. NE Washington DC</i> | Purpose of Disbursement <i>fundraising dinner staff dinner</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>2/28/95 2/28/95</i> | Amount of Each Disbursement This Period <i>455.00 1621.62</i> |
| I. Full Name, Mailing Address and ZIP Code <i>Congressional Institute 316 Penn SE #403 Washington DC 20003</i> | Purpose of Disbursement <i>GOP Conference</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>4/4/95</i> | Amount of Each Disbursement This Period <i>290.00</i> |

SUBTOTAL of Disbursements This Page (optional)

8,850.19

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Pete Kung for Congress Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|------------------------------|---|
| Photos Plus L'Enfant Plaza Washington, DC | camera Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/10/95 | 285.53 |
| B. Full Name, Mailing Address and ZIP Code US Postmaster Longworth Washington DC | Purpose of Disbursement DC BOX. postage postal account Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/23/95 3/1/95 | 64.00 38.80 |
| C. Full Name, Mailing Address and ZIP Code US Postmaster " | Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/15/95 3/25/95 4/3/95 | 144.00 345.00 432.00 |
| D. Full Name, Mailing Address and ZIP Code US Postmaster " | Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/11/95 4/20/95 6/9/95 | 432.00 432.00 250.00 |
| E. Full Name, Mailing Address and ZIP Code US Postmaster " | Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/9/95 6/21/95 1/31/95 | 29.00 256.00 161.28 |
| F. Full Name, Mailing Address and ZIP Code Bar Harbor Gallery - Frame 1011 Park Blvd Massapequa Park, NY 11762 | Purpose of Disbursement framing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/10/95 | 271.25 |
| G. Full Name, Mailing Address and ZIP Code Robert O'Connor 2515 K Street NW Washington DC 20037 | Purpose of Disbursement consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/95 | 2500.00 |
| H. Full Name, Mailing Address and ZIP Code Jewish World 115 Middle Neck Rd Great Neck, NY 11021 | Purpose of Disbursement ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/95 6/16/95 | 288.00 288.00 |
| I. Full Name, Mailing Address and ZIP Code Nassau County Conservative Comm 36 Sunrise St. Plainview, NY 11803 | Purpose of Disbursement tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/95 | 350.00 |

SUBTOTAL of Disbursements This Page (optional)

6556.86

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **7**
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

| | | | |
|--|---|--|--|
| A. Full Name, Mailing Address and ZIP Code <i>NYS Republican Committee Albany, NY</i> | Purpose of Disbursement <i>tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>5/22/95</i> | Amount of Each Disbursement This Period <i>500.00</i> |
| B. Full Name, Mailing Address and ZIP Code <i>Amtrak Union Station - US Capitol Washington, DC 20515</i> | Purpose of Disbursement <i>trip for campaign workers</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>6/21/95</i> | Amount of Each Disbursement This Period <i>252.00</i> |
| C. Full Name, Mailing Address and ZIP Code <i>Robert J Alexander 19 St James Place Hempstead, NY 11550</i> | Purpose of Disbursement <i>refund of excess contribution</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/9/95</i> | Amount of Each Disbursement This Period <i>500.00</i> |
| D. Full Name, Mailing Address and ZIP Code <i>American Express PO Box 114 Newark NJ 07101</i> | Purpose of Disbursement <i>airline train tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/5/95 1/23/95 1/30/95</i> | Amount of Each Disbursement This Period <i>319.50 346.00 369.00</i> |
| E. Full Name, Mailing Address and ZIP Code <i>Same as above (American Express)</i> | Purpose of Disbursement <i>airline train tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>3/7/95 4/3/95 6/27/95</i> | Amount of Each Disbursement This Period <i>300.00 325.00 300.00</i> |
| F. Full Name, Mailing Address and ZIP Code <i>Delta Airlines National Airport Washington, DC</i> | Purpose of Disbursement <i>airline tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>12/2/94 1/2/95 1/2/95</i> | Amount of Each Disbursement This Period <i>300.00 memo 325.00 memo 75.00 memo</i> |
| G. Full Name, Mailing Address and ZIP Code <i>Same as above</i> | Purpose of Disbursement <i>airline tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/23/95 3/17/95 6/13/95</i> | Amount of Each Disbursement This Period <i>300.00 memo 325.00 memo 300.00 memo</i> |
| H. Full Name, Mailing Address and ZIP Code <i>Amtrak Union Station Washington DC</i> | Purpose of Disbursement <i>train tickets</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/3/95 1/5/95</i> | Amount of Each Disbursement This Period <i>346.00 memo 69.00 memo</i> |
| I. Full Name, Mailing Address and ZIP Code <i>Chemical Bank PO Box 8507 Hicksville, NY 11802</i> | Purpose of Disbursement <i>meals picture frames, photos, hotel room</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/17/95 1/23/95 2/6/95</i> | Amount of Each Disbursement This Period <i>391.59 314.79 2035.48</i> |

SUBTOTAL of Disbursements This Page (optional)

5,653.66

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7

FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

| | | | |
|---|---|--|--|
| A. Full Name, Mailing Address and ZIP Code <i>Chemical Bank</i> <i>PO Box 8507</i> <i>Hicksville, NY 11802</i> | Purpose of Disbursement <i>same as above</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>3/13/95</i> <i>4/6/95</i> <i>5/10/95</i> | Amount of Each Disbursement This Period <i>132.42</i> <i>756.18</i> <i>507.88</i> |
| B. Full Name, Mailing Address and ZIP Code <i>"</i> <i>same as above</i> | Purpose of Disbursement <i>same as above</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>6/13/95</i> | Amount of Each Disbursement This Period <i>358.28</i> |
| C. Full Name, Mailing Address and ZIP Code <i>monocle</i> <i>1st D Street NE</i> <i>Washington, DC</i> | Purpose of Disbursement <i>fundraising pty</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>12/3/94</i> | Amount of Each Disbursement This Period <i>312.79 memo</i> |
| D. Full Name, Mailing Address and ZIP Code <i>Abco Art</i> <i>Sunrise Hwy</i> <i>Bellmore, NY 11710</i> | Purpose of Disbursement <i>framing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>12/10/94</i> <i>12/28/94</i> <i>3/11/95</i> | Amount of Each Disbursement This Period <i>26.02 memo</i> <i>34.32 memo</i> <i>80.72 memo</i> |
| E. Full Name, Mailing Address and ZIP Code <i>"</i> <i>same as above</i> | Purpose of Disbursement <i>framing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>4/1/95</i> <i>4/14/95</i> <i>4/15/95</i> | Amount of Each Disbursement This Period <i>2398 memo</i> <i>181.64 memo</i> <i>12.75 memo</i> |
| F. Full Name, Mailing Address and ZIP Code <i>"</i> <i>same as above</i> | Purpose of Disbursement <i>framing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>5/6/95</i> | Amount of Each Disbursement This Period <i>205.47 memo</i> |
| G. Full Name, Mailing Address and ZIP Code <i>marriott management</i> <i>House of Representatives</i> <i>Washington, DC 20515</i> | Purpose of Disbursement <i>food for receptions</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>12/6/94</i> <i>1/3/95</i> <i>1/5/95</i> | Amount of Each Disbursement This Period <i>78.00 memo</i> <i>329.40 memo</i> <i>34.20 memo</i> |
| H. Full Name, Mailing Address and ZIP Code <i>"</i> <i>same as above</i> | Purpose of Disbursement <i>"</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>1/12/95</i> <i>1/23/95</i> <i>1/24/95</i> | Amount of Each Disbursement This Period <i>923.00 memo</i> <i>37.60 memo</i> <i>29.65 memo</i> |
| I. Full Name, Mailing Address and ZIP Code <i>"</i> <i>same as above.</i> | Purpose of Disbursement <i>"</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>2/22/95</i> <i>2/15/95</i> | Amount of Each Disbursement This Period <i>19.30 memo</i> <i>17.50 memo</i> |

SUBTOTAL of Disbursements This Page (optional)

1654.76

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 7

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Pete King

| | | | |
|--|---|---|---|
| A. Full Name, Mailing Address and ZIP Code Quicks Photo Bellmore Ave No. Bellmore, NY 11710 | Purpose of Disbursement film & photo developing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 13/10/94 13/30/94 1/6/95 | Amount of Each Disbursement This Period 9.34 memo 133.17 memo 33.73 memo |
| B. Full Name, Mailing Address and ZIP Code " Same as above | Purpose of Disbursement same as above Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 1/9/95 1/16/95 1/21/95 | Amount of Each Disbursement This Period 60.10 memo 9.30 memo 33.63 memo |
| C. Full Name, Mailing Address and ZIP Code " Same as above | Purpose of Disbursement same as above Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 2/18/95 2/11/95 3/11/95 | Amount of Each Disbursement This Period 5.73 memo 20.99 memo 11.67 memo |
| D. Full Name, Mailing Address and ZIP Code " Same as above | Purpose of Disbursement " Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 3/13/95 4/1/95 4/14/95 | Amount of Each Disbursement This Period 25.65 memo 95.86 memo 60.37 memo |
| E. Full Name, Mailing Address and ZIP Code Phoenix Park Hotel 530 N. Capitol St. Washington, DC 20001 | Purpose of Disbursement hotel room Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 1/3/95 | Amount of Each Disbursement This Period 214.79 memo |
| F. Full Name, Mailing Address and ZIP Code Dubliner Restaurant 530 N. Capitol Street Washington, DC 20001 | Purpose of Disbursement meals for constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 1/4/95 | Amount of Each Disbursement This Period 372.19 memo |
| G. Full Name, Mailing Address and ZIP Code US Air National Airport Washington, DC | Purpose of Disbursement plane ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 2/8/95 | Amount of Each Disbursement This Period 204.00 memo |
| H. Full Name, Mailing Address and ZIP Code Morris Inn University of Notre Dame Notre Dame, Indiana | Purpose of Disbursement hotel room Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 3/3/95 | Amount of Each Disbursement This Period 296.05 |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

296.05

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 6 OF 7

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Pete King for Congress Committee

| | | | |
|---|--|---|---|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Pete King 1442 Roth Rd Seaford, NY 11783</p> | <p>Purpose of Disbursement <u>tolls parking, taxi, photos</u></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p><u>1/5/95</u> <u>3/24/95</u> <u>5/25/95</u></p> | <p>Amount of Each Disbursement This Period</p> <p><u>118.92</u> <u>96.14</u> <u>91.25</u></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>11</p> | <p>Purpose of Disbursement</p> <p><u>same as above</u></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p><u>6/29/95</u></p> | <p>Amount of Each Disbursement This Period</p> <p><u>70.00</u></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Quicks Photo Bellmore Ave Bellmore, NY 11710</p> | <p>Purpose of Disbursement</p> <p><u>photo developing</u></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p><u>12/10/94</u></p> | <p>Amount of Each Disbursement This Period</p> <p><u>9.24 memo</u></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |
| <p>H. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |
| <p>I. Full Name, Mailing Address and ZIP Code</p> | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Disbursement This Period</p> |

SUBTOTAL of Disbursements This Page (optional)

376.31

TOTAL This Period (last page this line number only)

23,387.83

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 18

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 Kung for Congress Committee

| | | | |
|--|--|--|---|
| A. Full Name, Mailing Address and ZIP Code National Republican Congressional Comm. 330 First St. SE Washington DC 20003 | Purpose of Disbursement political transfer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) 4/7/95 | Amount of Each Disbursement This Period 5000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

CHS-1111-10-11-10