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: BOB GOODLATTE FOR CONGRESS

ADDRESS (number and street): P.O. BOX 292

CITY, STATE, and ZIP CODE: ROANOKE, VA 24002

2. NAME OF CANDIDATE: ROBERT W. "BOB" GOODLATTE

3. OFFICE SOUGHT (State and District): VA - 06

4. FEC IDENTIFICATION NUMBER: C00 257956

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
STEPHEN A. BONNETT 6800 RILN PATCH ROAD COVINGTON, VA 24426	SELF DAIRY FARMER	10/19/98	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
R.R. DONNELLEY & SONS CO. PAC 77 W. WACKER DRIVE CHICAGO, IL 60601		10/19/98	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
AFIT PAC 112 S. WEST STREET, # 310 ALEXANDRIA, VA 22314		10/19/98	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
AMERICAN MEDICAL PAC 1101 VERMONT AVENUE N.W. WASHINGTON, D.C. 20005		10/19/98	$4,500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**

SIGNATURE (optional):

DATE: 10-20-98

For further information contact:
Federal Election Commission
999 E Street, N.W. Washington, DC 20463
Toll Free 800-424-9530, Local 202-219-3420

FEC FORM 6
(11/93)

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