48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE in FULL: Friends of Melinda Katz
ADDRESS (Number and Street): PO Box 831
CITY, STATE, and ZIP CODE: Forest Hills, NY 11375

2. NAME OF CANDIDATE: Melinda Katz
3. OFFICE SOUGHT (Place and Number): 9-CD-NY

Any information copied from such Friends and Statements may not be used 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. FEC IDENTIFICATION NUMBER

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
American Nurses Assoc. PAC 600 Maryland Ave SW, Suite 100W Washington, DC 20024-2571		9/12/98	2500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount

SIGNATURE (Optional) DATE

For further information contact:
Federal Election Commission
[illegible] Street, NW, Washington, DC 20463
Tel Free [illegible], Local [illegible]

FEC FORM 6
(11/93)

Reserve