

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	7 / 58
				FOR LINE NUMBER 11A	
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NAME OF COMMITTEE (In Full) Friends of Melinda Katz					
Full Name, Mailing Address, and ZIP Code Jay Bond 107-43 112 Street Richmond Hill NY 11419		Name of Employer NYS Assembly		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Community Liason			
		Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Saul Gerstenfeld 102-40 87th Drive Forest Hills NY 11375		Name of Employer Badge & Barrister		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Teacher			
		Aggregate Year-to-Date > \$ 510.00			
Full Name, Mailing Address, and ZIP Code Tak-Ming Chen 82-28 255th Street Floral Park NY 11004		Name of Employer NYC Comptroller		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Civil Engineer			
		Aggregate Year-to-Date > \$ 870.00			
Full Name, Mailing Address, and ZIP Code Pamela Grissom 8851 N. Campbell Ave. Apt. 131 Tucson AZ 85718		Name of Employer		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Retired			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Ira Margulis 79-42 213 Street Bayside NY 11364		Name of Employer NYC Comptroller		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Attorney			
		Aggregate Year-to-Date > \$ 520.00			
Full Name, Mailing Address, and ZIP Code Michael Agusta 1012 Maple Drive Franklin Square NY 11010		Name of Employer Agusta & Ross		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Attorney			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code C.J. Follini 146 E. 48th Street New York NY 10017		Name of Employer Hampton CF		Date (month, day, year) 07/22/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Executive			
		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					