

# 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------|--|--|-------------------------------------|--|--|--|--|--|--------------------------|--------------------|-------------------------------|--------------------------------------|--|--|--|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Tom Malinowski for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| ADDRESS (number and street) PO Box 263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b><br>Somerville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <b>STATE</b><br>NJ            |                                                             | <b>ZIP CODE</b><br>08876 |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Malinowski, Tom, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NJ 07 |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00656686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>           Allen, Samuel, , , III         </td> <td colspan="2">           Name of Employer<br/>           S. T. Allen Management         </td> <td colspan="2">           Date (month, day, year)<br/>           05/19/2022         </td> <td colspan="2">           Amount<br/>           2000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           336 Bloomfield Ave         </td> <td colspan="2"> <b>Transaction ID : VTR8QVR7374</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Montclair         </td> <td> <b>STATE</b><br/>           NJ         </td> <td> <b>ZIP CODE</b><br/>           07042-3761         </td> <td colspan="2">           Occupation<br/>           Real Estate Specialist         </td> </tr> </table>  |                    |                               |                                                             |                          | <b>A. FULL NAME</b><br>Allen, Samuel, , , III                                                                                                                  |  |                   | Name of Employer<br>S. T. Allen Management      |  | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>2000.00 |  | MAILING ADDRESS<br>336 Bloomfield Ave |  |  | <b>Transaction ID : VTR8QVR7374</b> |  |  |  |  |  | <b>CITY</b><br>Montclair | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07042-3761 | Occupation<br>Real Estate Specialist |  |  |  |  |  |
| <b>A. FULL NAME</b><br>Allen, Samuel, , , III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer<br>S. T. Allen Management                  |                          | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>2000.00 |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| MAILING ADDRESS<br>336 Bloomfield Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                               | <b>Transaction ID : VTR8QVR7374</b>                         |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b><br>Montclair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07042-3761 | Occupation<br>Real Estate Specialist                        |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>           Whipple, Richard, , ,         </td> <td colspan="2">           Name of Employer<br/>           Accenture         </td> <td colspan="2">           Date (month, day, year)<br/>           05/19/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           30 Garden Rd         </td> <td colspan="2"> <b>Transaction ID : VTR8QVR80R9</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Summit         </td> <td> <b>STATE</b><br/>           NJ         </td> <td> <b>ZIP CODE</b><br/>           07901-3029         </td> <td colspan="2">           Occupation<br/>           Consultant         </td> </tr> </table>                                     |                    |                               |                                                             |                          | <b>B. FULL NAME</b><br>Whipple, Richard, , ,                                                                                                                   |  |                   | Name of Employer<br>Accenture                   |  | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>1000.00 |  | MAILING ADDRESS<br>30 Garden Rd       |  |  | <b>Transaction ID : VTR8QVR80R9</b> |  |  |  |  |  | <b>CITY</b><br>Summit    | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07901-3029 | Occupation<br>Consultant             |  |  |  |  |  |
| <b>B. FULL NAME</b><br>Whipple, Richard, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               | Name of Employer<br>Accenture                               |                          | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>1000.00 |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| MAILING ADDRESS<br>30 Garden Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | <b>Transaction ID : VTR8QVR80R9</b>                         |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b><br>Summit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07901-3029 | Occupation<br>Consultant                                    |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b><br/>           Mandelblatt, Lisa, H., ,         </td> <td colspan="2">           Name of Employer<br/>           Tom Malinowski for Congress         </td> <td colspan="2">           Date (month, day, year)<br/>           05/19/2022         </td> <td colspan="2">           Amount<br/>           2900.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           730 Lawrence Ave         </td> <td colspan="2"> <b>Transaction ID : VTR8QVR81Y9</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Westfield         </td> <td> <b>STATE</b><br/>           NJ         </td> <td> <b>ZIP CODE</b><br/>           07090-3802         </td> <td colspan="2">           Occupation<br/>           Political Director         </td> </tr> </table> |                    |                               |                                                             |                          | <b>C. FULL NAME</b><br>Mandelblatt, Lisa, H., ,                                                                                                                |  |                   | Name of Employer<br>Tom Malinowski for Congress |  | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>2900.00 |  | MAILING ADDRESS<br>730 Lawrence Ave   |  |  | <b>Transaction ID : VTR8QVR81Y9</b> |  |  |  |  |  | <b>CITY</b><br>Westfield | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07090-3802 | Occupation<br>Political Director     |  |  |  |  |  |
| <b>C. FULL NAME</b><br>Mandelblatt, Lisa, H., ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | Name of Employer<br>Tom Malinowski for Congress             |                          | Date (month, day, year)<br>05/19/2022                                                                                                                          |  | Amount<br>2900.00 |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| MAILING ADDRESS<br>730 Lawrence Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | <b>Transaction ID : VTR8QVR81Y9</b>                         |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b><br>Westfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07090-3802 | Occupation<br>Political Director                            |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            |                          | Date (month, day, year)                                                                                                                                        |  | Amount            |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            |                          | Date (month, day, year)                                                                                                                                        |  | Amount            |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>SIGNATURE (optional)</b><br/>           Zamore, Judith, , ,         </td> <td colspan="2"> <b>DATE</b><br/>           05/21/2022         </td> <td colspan="4"> <b>For further information contact:</b><br/>           Federal Election Commission<br/>           999 E Street, NW, Washington, DC 20463<br/>           Toll Free 800-424-9530, Local 202-694-1100         </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <b>[Electronically Filed]</b> </td> <td colspan="2"></td> <td colspan="4"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                 |                    |                               |                                                             |                          | <b>SIGNATURE (optional)</b><br>Zamore, Judith, , ,                                                                                                             |  |                   | <b>DATE</b><br>05/21/2022                       |  | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |                   |  | <b>[Electronically Filed]</b>         |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>SIGNATURE (optional)</b><br>Zamore, Judith, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               | <b>DATE</b><br>05/21/2022                                   |                          | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                                                 |  |                                                                                                                                                                |  |                   |  |                                       |  |  |                                     |  |  |  |  |  |                          |                    |                               |                                      |  |  |  |  |  |

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**FEC FORM 6**  
(Revised 03/2016)