

# 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                                                                                                             |  |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (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 _____ / _____ / _____ |  |                    |                                                             |                                                                                                                                                                |
| <b>A. FULL NAME</b><br>Strongin, Wendy, , ,                                                                                                                                    |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>10805 Pleasant Hill Dr                                                                                                                               |  |                    | Name of Employer<br>Global Diagnostic Systems               |                                                                                                                                                                |
| <b>CITY</b><br>Potomac                                                                                                                                                         |  |                    | <b>Transaction ID : VTR8QVR8110</b>                         |                                                                                                                                                                |
| <b>STATE</b><br>MD                                                                                                                                                             |  |                    | Date (month, day, year)<br>05/20/2022                       |                                                                                                                                                                |
| <b>ZIP CODE</b><br>20854-1512                                                                                                                                                  |  |                    | Amount<br>900.00                                            |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>Jaworski, Jeanette, , ,                                                                                                                                 |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>412 Ocean Ave                                                                                                                                        |  |                    | Name of Employer<br>Three Little Birds Fund                 |                                                                                                                                                                |
| <b>CITY</b><br>Sea Bright                                                                                                                                                      |  |                    | <b>Transaction ID : VTR8QVR8YG1</b>                         |                                                                                                                                                                |
| <b>STATE</b><br>NJ                                                                                                                                                             |  |                    | Date (month, day, year)<br>05/20/2022                       |                                                                                                                                                                |
| <b>ZIP CODE</b><br>07760-2113                                                                                                                                                  |  |                    | Amount<br>2900.00                                           |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Strongin, Wendy, , ,                                                                                                                                    |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>10805 Pleasant Hill Dr                                                                                                                               |  |                    | Name of Employer<br>Global Diagnostic Systems               |                                                                                                                                                                |
| <b>CITY</b><br>Potomac                                                                                                                                                         |  |                    | <b>Transaction ID : VTR8QVR8213</b>                         |                                                                                                                                                                |
| <b>STATE</b><br>MD                                                                                                                                                             |  |                    | Date (month, day, year)<br>05/20/2022                       |                                                                                                                                                                |
| <b>ZIP CODE</b><br>20854-1512                                                                                                                                                  |  |                    | Amount<br>100.00                                            |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>Fass, Daniel, , ,                                                                                                                                       |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>145 E 27th St<br>Unit PH A                                                                                                                           |  |                    | Name of Employer<br>Princeton Healthcare Alliance           |                                                                                                                                                                |
| <b>CITY</b><br>New York                                                                                                                                                        |  |                    | <b>Transaction ID : VTR8QVR8YR4</b>                         |                                                                                                                                                                |
| <b>STATE</b><br>NY                                                                                                                                                             |  |                    | Date (month, day, year)<br>05/20/2022                       |                                                                                                                                                                |
| <b>ZIP CODE</b><br>10016-9017                                                                                                                                                  |  |                    | Amount<br>1000.00                                           |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>Coe, Barbara, , ,                                                                                                                                       |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>208 Holcombe Way                                                                                                                                     |  |                    | Name of Employer<br>Not Employed                            |                                                                                                                                                                |
| <b>CITY</b><br>Lambertville                                                                                                                                                    |  |                    | <b>Transaction ID : VTR8QVR8205</b>                         |                                                                                                                                                                |
| <b>STATE</b><br>NJ                                                                                                                                                             |  |                    | Date (month, day, year)<br>05/20/2022                       |                                                                                                                                                                |
| <b>ZIP CODE</b><br>08530-2227                                                                                                                                                  |  |                    | Amount<br>100.00                                            |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Zamore, Judith, , ,                                                                                                                             |  |                    |                                                             | <b>DATE</b><br>05/22/2022                                                                                                                                      |
| <i>[Electronically Filed]</i>                                                                                                                                                  |  |                    |                                                             | <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 |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Tom Malinowski for Congress                                                                                                             |  |                                                             |  |
| <b>ADDRESS</b> (number and street) PO Box 263                                                                                                                                  |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Somerville NJ 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>continuation page</b>                                    |  |
| <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 _____ / _____ / _____ |  |                                                             |  |

|                                                                                                                                         |                                                                                                                           |                                       |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Coe, Barbara, , ,<br><br>208 Holcombe Way<br><br>Lambertville NJ 08530-2227        | Name of Employer<br>Not Employed<br><br><b>Transaction ID : VTR8QVR8136</b><br>Occupation<br>Retired                      | Date (month, day, year)<br>05/20/2022 | Amount<br>1100.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Griffin, Margaret, S., ,<br><br>50 Patton Ave<br><br>Princeton NJ 08540-5252       | Name of Employer<br>Not Employed<br><br><b>Transaction ID : VTR8QVR8YJ7</b><br>Occupation<br>Retired                      | Date (month, day, year)<br>05/20/2022 | Amount<br>2900.00 |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Vartan, Greg, , ,<br><br>14 Russell Pl<br><br>Summit NJ 07901-3814                 | Name of Employer<br>Ansell Healthcare<br><br><b>Transaction ID : VTR8QVR80S7</b><br>Occupation<br>Territory Sales Manager | Date (month, day, year)<br>05/20/2022 | Amount<br>1000.00 |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Millenson, Elliott, , ,<br><br>10805 Pleasant Hill Dr<br><br>Potomac MD 20854-1512 | Name of Employer<br>Global Diagnostic Systems<br><br><b>Transaction ID : VTR8QVR8128</b><br>Occupation<br>CEO             | Date (month, day, year)<br>05/20/2022 | Amount<br>1000.00 |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Fass, Daniel, , ,<br><br>145 E 27th St<br>Unit PH A<br>New York NY 10016-9017      | Name of Employer<br>Princeton Healthcare Alliance<br><br><b>Transaction ID : VTR8QVR8Y38</b><br>Occupation<br>CEO         | Date (month, day, year)<br>05/20/2022 | Amount<br>1900.00 |

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| <b>1. NAME OF COMMITTEE IN FULL</b><br>Tom Malinowski for Congress                                                                                                          |  |                                                                              |  |
| <b>ADDRESS</b> (number and street) PO Box 263                                                                                                                               |  |                                                                              |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Somerville NJ 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                                                                                                                            |  | <i><b>continuation page</b></i>                                              |  |
| <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 ____ / ____ / ____ |  |                                                                              |  |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Jaworski, Jeanette, , ,<br><br>412 Ocean Ave<br><br>Sea Bright NJ 07760-2113                                           |  |                                                                              |  |
| <b>Name of Employer</b><br>Three Little Birds Fund<br><br><b>Transaction ID : VTR8QVR8YH9</b><br><b>Occupation</b><br>President                                             |  | <b>Date (month, day, year)</b><br>05/20/2022<br><br><b>Amount</b><br>2900.00 |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           |  |                                                                              |  |
| <b>Name of Employer</b><br><br><br><b>Occupation</b>                                                                                                                        |  | <b>Date (month, day, year)</b><br><br><br><b>Amount</b>                      |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           |  |                                                                              |  |
| <b>Name of Employer</b><br><br><br><b>Occupation</b>                                                                                                                        |  | <b>Date (month, day, year)</b><br><br><br><b>Amount</b>                      |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           |  |                                                                              |  |
| <b>Name of Employer</b><br><br><br><b>Occupation</b>                                                                                                                        |  | <b>Date (month, day, year)</b><br><br><br><b>Amount</b>                      |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           |  |                                                                              |  |
| <b>Name of Employer</b><br><br><br><b>Occupation</b>                                                                                                                        |  | <b>Date (month, day, year)</b><br><br><br><b>Amount</b>                      |  |