

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Tom Malinowski for Congress

Full Name (Last, First, Middle Initial)

Picardo, Ann, , ,

A.

Mailing Address 28 Homestead Rd

City

Pottersville

State

NJ

Zip Code

07979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychotherapist

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	9

Transaction ID : VTR8QJYT961

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250404.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	9

Transaction ID : VTR8QJYT961E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Barter, Cindy, , ,

C.

Mailing Address 2 Deer Run

City

Pittstown

State

NJ

Zip Code

08867-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Medical Center

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

677.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	9

Transaction ID : VTR8QJV1Z71

Amount of Each Receipt this Period

20.20

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶

35.20

TOTAL This Period (last page this line number only)..... ▶