

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use 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)

ACTBLUE

A.

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 ▼

303393.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	0

Transaction ID : VTR8QKNBKK6E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Shareef, Syed, , ,

B.

Mailing Address 3 Highland Dr

City

Chester

State

NJ

Zip Code

07930-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kishwar Shareef MD PC

Administration

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	0

Transaction ID : VTR8QMM6BK6

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

C.

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 ▼

303393.93

Date of Receipt

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

Transaction ID : VTR8QMM6BK6E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

25.00

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