

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

333 Westchester Ave

☐ Check if different than previously reported. (ACC)

White Plains

NY

10604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00369827

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Hirsch

Signature of Treasurer

Michael Hirsch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		27151.33
(b) Cash on Hand at Beginning of Reporting Period.....	32284.42	
(c) Total Receipts (from Line 19)	2826.85	7959.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35111.27	35111.27
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35111.27	35111.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2011

To:

M M / D D / Y Y Y Y Y
09 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

2520.00

5060.00

(ii) Unitemized

290.00

2830.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2810.00

7890.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

2810.00

7890.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

16.85

69.94

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

2826.85

7959.94

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2826.85

7959.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2810.00	7890.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2810.00	7890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11Al.10861

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.10876

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 29 / 2011

Transaction ID : SA11Al.10892

Amount of Each Receipt this Period

30.00

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

90.00

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

X	11a		11b		11c		12		
	13		14		15		16		17

Amalgamated Life Insurance Company Political Action Committee

[illegible]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.10956

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.10972

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.10871

Amount of Each Receipt this Period

40.00

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

80.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.10886

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 29 / 2011

Transaction ID : SA11Al.10902

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11Al.10918

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11AI.10934

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.10950

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.10965

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : SA11Al.10862

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
07 / 15 / 2011

Transaction ID : SA11Al.10877

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2011

Transaction ID : SA11Al.10893

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11AI.10909

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11AI.10925

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.10941

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11Al.10957

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11Al.10872

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.10887

Amount of Each Receipt this Period

20.00

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

80.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2011

Transaction ID : SA11AI.10903

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11AI.10919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11AI.10935

Amount of Each Receipt this Period

20.00

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

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City	State	Zip Code
Scarsdale	NY	10583

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11Al.10951

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City	State	Zip Code
Scarsdale	NY	10583

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

Transaction ID : SA11Al.10966

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Porozok

Mailing Address 68 Mitchell Avenue

City	State	Zip Code
Piscataway	NJ	08854

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2011

Transaction ID : SA11Al.10865

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

AVP Accounting

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.10880

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

AVP Accounting

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2011

Transaction ID : SA11AI.10896

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

AVP Accounting

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11AI.10912

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2011

Transaction ID : SA11AI.10928

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.10944

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.10960

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11Al.10866

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.10881

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11Al.10897

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11Al.10913

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11Al.10929

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.10945

Amount of Each Receipt this Period

30.00

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

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria R. Sartor

Mailing Address 117 Burke Place

 City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : SA11AI.10961

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Lee Souksay

Mailing Address 12 Bev Avenue

 City State Zip Code
 Piscataway NJ 08854

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.10898

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. Lee Souksay

Mailing Address 12 Bev Avenue

 City State Zip Code
 Piscataway NJ 08854

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2011

Transaction ID : SA11AI.10914

Amount of Each Receipt this Period

14.00

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

58.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2011

Transaction ID : SA11AI.10930

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.10946

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.10962

Amount of Each Receipt this Period

14.00

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

42.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11Al.10868

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.10883

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 29 / 2011

Transaction ID : SA11Al.10899

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11Al.10915

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11Al.10931

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.10947

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11Al.10963

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11Al.10975

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11Al.10869

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.10884

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.10900

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2011

Transaction ID : SA11AI.10916

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 26 / 2011

Transaction ID : SA11AI.10932

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.10948

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

07 / 01 / 2011

Transaction ID : SA11AI.10870

Amount of Each Receipt this Period

120.00

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

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

160.00

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.10885

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.10901

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2011

Transaction ID : SA11AI.10917

Amount of Each Receipt this Period

120.00

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

360.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2011

Transaction ID : SA11AI.10933

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.10949

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.10964

Amount of Each Receipt this Period

120.00

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

360.00

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

2520.00