

**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

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

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  
07 10 2012

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  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">37763.10</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">39862.07</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">2410.44</span>	<span style="border: 1px solid black; padding: 2px;">4509.41</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">42272.51</span>	<span style="border: 1px solid black; padding: 2px;">42272.51</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">42272.51</span>	<span style="border: 1px solid black; padding: 2px;">42272.51</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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  
04 / 01 / 2012

To:

M M / D D / Y Y Y Y Y  
06 / 30 / 2012

**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).....

1940.00

2620.00

(ii) Unitemized .....

440.00

1830.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2380.00

4450.00

(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) .....

2380.00

4450.00

**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.).....

30.44

59.41

**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))..... ▶**

2410.44

4509.41

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

2410.44

4509.41

# **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) .....	2380.00	4450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2380.00	4450.00
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 19

☒ 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. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : SA11AI.11171**

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11AI.11185**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11AI.11198**

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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☒ 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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012

Transaction ID : SA11AI.11211

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

Transaction ID : SA11AI.11224

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

Transaction ID : SA11AI.11234

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19  
(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. 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.11249

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

Transaction ID : SA11AI.11178

Amount of Each Receipt this Period

40.00

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

Transaction ID : SA11AI.11192

Amount of Each Receipt this Period

40.00

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

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

110.00



# **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. 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 ▼

360.00

Date of Receipt

05 / 04 / 2012

Transaction ID : SA11AI.11205

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 ▼

400.00

Date of Receipt

05 / 18 / 2012

Transaction ID : SA11AI.11218

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 ▼

440.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.11231

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: PAGE 10 OF 19

(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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : SA11AI.11235

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SA11AI.11256

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

Transaction ID : SA11AI.11172

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**

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FOR LINE NUMBER:  
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PAGE 11 OF 19

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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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 20 / 2012

Transaction ID : SA11Al.11186

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 04 / 2012

Transaction ID : SA11Al.11199

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 18 / 2012

Transaction ID : SA11Al.11212

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 19  
(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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

**Transaction ID : SA11Al.11225**

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : SA11Al.11236**

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11Al.11250**

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)  
for each category of the  
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(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 ▼

220.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.11232

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 ▼

240.00

Date of Receipt

06 / 15 / 2012

Transaction ID : SA11AI.11237

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 ▼

260.00

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.11257

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  
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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 ▼

220.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.11227

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 ▼

240.00

Date of Receipt

06 / 15 / 2012

Transaction ID : SA11AI.11240

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 ▼

260.00

Date of Receipt

06 / 29 / 2012

Transaction ID : SA11AI.11252

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**

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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 State Zip Code  
Brooklyn NY 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : SA11Al.11176**

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 State Zip Code  
Brooklyn NY 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SA11Al.11190**

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 State Zip Code  
Brooklyn NY 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2012

**Transaction ID : SA11Al.11203**

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**

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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 ▼

300.00

Date of Receipt

05 / 18 / 2012

Transaction ID : SA11AI.11216

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 ▼

330.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.11229

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 ▼

360.00

Date of Receipt

06 / 15 / 2012

Transaction ID : SA11AI.11242

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**

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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 State Zip Code  
Brooklyn NY 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

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11AI.11254**

Amount of Each Receipt this Period

30.00

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : SA11AI.11177**

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SA11AI.11191**

Amount of Each Receipt this Period

120.00

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

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

270.00

# **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 ▼

1080.00

Date of Receipt

05 / 04 / 2012

Transaction ID : SA11AI.11204

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 ▼

1200.00

Date of Receipt

05 / 18 / 2012

Transaction ID : SA11AI.11217

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 ▼

1320.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.11230

Amount of Each Receipt this Period

120.00

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

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

360.00

# **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 ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : SA11AI.11243**

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11AI.11255**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

240.00

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

1940.00