

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 REPORT



NEW (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
11 27 2012

through

M M M / D D D / Y Y Y Y Y Y
12 31 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
01 30 2013

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
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		37763.10
(b) Cash on Hand at Beginning of Reporting Period.....	39656.72	
(c) Total Receipts (from Line 19)	979.70	8873.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40636.42	46636.42
7. Total Disbursements (from Line 31)	0.00	6000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40636.42	40636.42
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
11 27 2012

To:

M M / D D / Y Y Y Y Y
12 31 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).....

942.00

6688.00

(ii) Unitemized

18.00

2062.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

960.00

8750.00

(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) ▶

960.00

8750.00

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.).....

19.70

123.32

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))..... ▶**

979.70

8873.32

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

979.70

8873.32

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	6000.00
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	6000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	6000.00

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)	960.00	8750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	960.00	8750.00
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: PAGE 6 OF 14
(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. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
 New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Executive - 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
 11 / 30 / 2012

Transaction ID : SA11AI.11414

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
 New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.11426

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
 New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.11438

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 7 OF 14
(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. 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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11415

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11427

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11439

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**

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. 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 ▼

960.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11421

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 ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11433

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 ▼

1040.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11445

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

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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. 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 ▼

960.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11416

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 ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11428

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 ▼

1040.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11440

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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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. 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 ▼

480.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11422

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 ▼

500.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11434

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 ▼

520.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11446

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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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert McCready

Mailing Address 72 Humphrey Drive

City State Zip Code
 Syosset NY 11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11417

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Robert McCready

Mailing Address 72 Humphrey Drive

City State Zip Code
 Syosset NY 11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11429

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Robert McCready

Mailing Address 72 Humphrey Drive

City State Zip Code
 Syosset NY 11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11441

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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

Piscataway

State

NJ

Zip Code

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 ▼

336.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11418

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. Lee Souksay

Mailing Address 12 Bev 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

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11430

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. Lee Souksay

Mailing Address 12 Bev 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

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11Al.11442

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**

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FOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

☒ 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. 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 ▼

720.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11419

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 ▼

750.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11431

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 ▼

780.00

Date of Receipt

11 / 30 / 2012

Transaction ID : SA11AI.11443

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 14 OF 14

☒ 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. 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 ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11420

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11432

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 ▼

3120.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.11444

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)..... ►

942.00