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Image# 12954340132

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Aut	norized Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
Amalgamated Life Insu	rance Company Pol	itical Action Cor	nmittee		
ADDRESS (number and street)	333 Westchester Ave				
Check if different					
than previously reported. (ACC)	White Plains			NY	10604
2. FEC IDENTIFICATION NU	MBER ▼ C⊓	ГУ▲		STATE A	ZIP CODE ▲
C C00369827		\sim	N) OR	AN (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			lun 20 (M6) Iul 20 (M7)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1	,	20 (WH)	Jul 20 (W//)	000	
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P	_	General	
October 15 Quarterly Report (Q3	Report for the:	Convention (Special (
January 31 Year-End Report (YE	E) Election	on on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	on on	D = D /	Y " Y " Y " Y	in the State of
5. Covering Period 07	/ D D / Y Y Y Y Y Y 2012	through	M = M	30 /	2012
I certify that I have examined this	s Report and to the best of	my knowledge and b	pelief it is tru	ie, correct and	l complete.
Type or Print Name of Treasurer	Michael Hirsch				
Signature of Treasurer Michael	el Hirsch	[Electronically	Filed] [Date 10	12 / 2012
NOTE: Submission of false, errone	ous, or incomplete informatio	n may subject the pers	son signing th	nis Report to th	pe penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF RECEIF 13 AND DISDONSEMENTS	
FEC Form 3X (Rev. 02/2003)	Pa	age 2

Write or Type Committee Name

Debts and Obligations Owed **TO** the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

Amalgamated Life Insurance Company Political Action Committee

2012 09 30 Report Covering the Period: 2012 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 37763.10 January 1, 2012 (b) Cash on Hand at 42272.51 Beginning of Reporting Period..... 6582.15 2072.74 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 44345.25 44345.25 6(a) and 6(c) for Column B)..... 1000.00 1000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 43345.25 43345.25 (subtract Line 7 from Line 6(d)).....

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

For further information contact:

0.00

0.00

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)

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

cr than loans) From: rsons Other Committees use Schedule A)	1870.00 170.00 2040.00 0.00 0.00 2040.00 0.00 0.00	4490.00 2000.00 6490.00 0.00 0.00 0.00 0.00
Committees use Schedule A) d	170.00 2040.00 0.00 0.00 2040.00 0.00	2000.00 6490.00 0.00 0.00 6490.00
d	170.00 2040.00 0.00 0.00 2040.00 0.00	2000.00 6490.00 0.00 0.00 6490.00
d	170.00 2040.00 0.00 0.00 2040.00 0.00	2000.00 6490.00 0.00 0.00 6490.00
Committees	2040.00 0.00 0.00 2040.00 0.00 0.00	6490.00 0.00 0.00 6490.00
Committees	2040.00 0.00 0.00 2040.00 0.00 0.00	6490.00 0.00 0.00 6490.00
Committees	0.00 0.00 2040.00 0.00 0.00	0.00 0.00 6490.00 0.00
Committees s) tions (add Lines and (c)) (Carry 33, page 5) filiated/Other d	0.00 2040.00 0.00 0.00	0.00 6490.00 0.00
Committees s) tions (add Lines and (c)) (Carry 33, page 5) filiated/Other d	2040.00 0.00 0.00	6490.00
tions (add Lines and (c)) (Carry 33, page 5) filiated/Other Received g Expenditures	2040.00 0.00 0.00	6490.00
tions (add Lines and (c)) (Carry 33, page 5) filiated/Other Received g Expenditures	0.00	0.00
33, page 5) filiated/Other d Received	0.00	0.00
Received	0.00	0.00
d Received ng Expenditures	0.00	
d Received ng Expenditures	0.00	
Receivedng Expenditures		0.00
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ng Expenditures	0.00	
ng Expenditures		0.00
=		
, etc.)		
ne 37, page 5)	0.00	0.00
outions Made	7	
98	0.00	0.00
eipts	7	7
	32.74	92.15
		7
e H3)	0.00	0.00
_		
rom Schedule H5)	0.00	0.00
(add 18(a) and 18(b))	0.00	0.00
e cos	lates and Other es	es

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
. Operating Expenditures: (a) Allocated Federal/Non-Federal	1000 11100	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") New Follows Observe	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party	000	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan Hopaymonio Mado		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	
(such as PACs)	0.00	0.00
(I) Table October Defende		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Lines 20(a), (b), and (c),		
Other Disbursements	1000.00	1000.00
	7	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I caciai onaic		
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	1000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1000.00	1000.00
from Line 31)	1000.00	1000.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2040.00	6490.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2040.00	6490.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOF	LINE	NU	MBER	:	PAGE	6	OF	22
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	3	17

Full Name (Last, First, Middle Initial) Date of Receipt	NAME OF COMMITTEE (In Full)	he name and address of any political committee Company Political Action Committee	
Martin R. Cohen Mailing Address 63 Jefferson Avenue City	Martin R. Cohen Mailing Address 63 Jefferson Avenue City Islip Terrace FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	NY 11752 C Occupation Chief Actuary Aggregate Year-to-Date ▼	07 13 2012 Transaction ID : SA11AI.11267
Mailing Address 63 Jefferson Avenue City	Martin R. Cohen Mailing Address 63 Jefferson Avenue City Islip Terrace FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	NY 11752 C Occupation Chief Actuary Aggregate Year-to-Date ▼	07 27 2012 Transaction ID : SA11AI.11280 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Martin R. Cohen Mailing Address 63 Jefferson Avenue City Islip Terrace FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	NY 11752 C Occupation Chief Actuary Aggregate Year-to-Date ▼	08 10 2012 Transaction ID : SA11AI.11293
	SUBTOTAL of Receipts This Page (optional).	>	90.00

FO	R LINE	NU	MBER	:	PAGE	7	OF	22
(ch	eck only	or	ne)					
>	1 1a		11b		11c	12	2	
	13		14		15	16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Company Political Action Committee	
/ Amaigamated Life insurance (Company Political Action Committe	
Full Name (Last, First, Middle Initial) Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenue		08 21 2012
City	State Zip Code	Transaction ID : SA11AI.11306
Islip Terrace	NY 11752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	Chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenue		M = M / D = D / Y = Y = Y
City	Stata 7in Codo	09 07 2012
City Islip Terrace	State Zip Code NY 11752	Transaction ID : SA11AI.11319
· ·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Amalgamated Life Insurance Company	Chief Actuary	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) C. Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenue		09 21 2012
City	State Zip Code	Transaction ID : SA11AI.11332
Islip Terrace	NY 11752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	-
Amalgamated Life Insurance Company	Chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	570.00	
SUBTOTAL of Receipts This Page (optional).		90.00
TOTAL This Period (last page this line number	er only)	

FOR	LINE I	NU	MBER	:	PAGE	8	OF	22
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City Plainsboro PEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ City State Zip Code NJ 08536 PEC ID number of contributing federal political committee. City State Zip Code NJ 08536 PEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ City State Zip Code NJ 08536 FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code NJ 08536 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code NJ 08536 Date of Receip Transaction II Amount of Eacl Transaction II Amount of Eacl	13 2012 D: SA11AI.11274 n Receipt this Period
Mailing Address 91 Bradford Lane City Plainsboro State VP-B Receipt For: Primary Other (specify) Other (specify) Mailing Address 91 Bradford Lane City State Vip Code NJ 08536 Amount of Eacl C Aggregate Year-to-Date Aggregate Year-to-Date Mailing Address 91 Bradford Lane City Plainsboro State Zip Code Amount of Eacl Amount of Eacl Date of Receip Transaction II Amount of Eacl Date of Receip Transaction II Amount of Eacl Date of Receip Transaction II Amount of Eacl Amount of Eacl Transaction II Amount of Eacl	,
Mailing Address 91 Bradford Lane City State Zip Code Transaction I Plainsboro NJ 08536 Date of Receip NJ 08536 Date of Receip Amount of Eacl	27 2012 D: SA11AI.11287 n Receipt this Period 40.00
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify) ▼ Occupation Exec. VP-B Aggregate Year-to-Date ▼ 640.00	t 2012 D: SA11AI.11300 n Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	120.00

FOI	R LINE	NU	IMBER	:	PAGE	9	OF	22
(che	eck only	or or	ne)					
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	13		14		15	16	6	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee Company Political Action Committee	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City	State Zip Code	Date of Receipt M
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plainsboro FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company	State Zip Code NJ 08536 C Occupation	7 2012 Transaction ID: SA11AI.11326 Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y 09 21 2012 Transaction ID : SA11AI.11339
Plainsboro FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼ 760.00	Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	_	120.00
TOTAL This Period (last page this line numb	er only)	

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Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance C	company Political Action Committe	e
Full Name (Last, First, Middle Initial) Arthur M. Kurek		Date of Receipt
Mailing Address 10 Claremont Avenue		07 13 2012
City Bloomfield	State Zip Code NJ 07003	Transaction ID : SA11AI.11268
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 48 St.		Date of Receipt
Mailing Address 10 Claremont Avenue		07 27 2012
City	State Zip Code	Transaction ID : SA11AI.11281
Bloomfield FEC ID number of contributing federal political committee.	NJ 07003	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 10 Claremont Avenue		Date of Receipt M
City Bloomfield	State Zip Code NJ 07003	Transaction ID : SA11AI.11294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Amalgamated Life Insurance Company	Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	<u> </u>	

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 11 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 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) Arthur M. Kurek Date of Receipt Mailing Address 10 Claremont Avenue 2012 21 City State Zip Code Transaction ID: SA11AI.11307 Bloomfield NJ 07003 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Senior Vice President Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify)

Full Name (Last, First, Middle Initial) B. Arthur M. Kurek Date of Receipt Mailing Address 10 Claremont Avenue 09 07 2012 City State Zip Code Transaction ID: SA11AI.11320 Bloomfield NJ 07003 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial)

c. Arthur M. Kurek Date of Receipt Mailing Address 10 Claremont Avenue 09 21 2012 City State Zip Code Transaction ID: SA11AI.11333 NJ Bloomfield 07003 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Senior Vice President Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify)

120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

40.00

	FOR LINE NUMBER: PAGE 12 OF	:
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance	Company Political Action Committe	ee
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge Road		Date of Receipt
City	Stata 7:a C-d-	07 13 2012
City Scarsdale	State Zip Code NY 10583	Transaction ID : SA11AI.11275
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Resides Read		Date of Receipt
Mailing Address 84 Boulder Ridge Road		07 27 2012
City	State Zip Code	Transaction ID : SA11AI.11288
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Claire Levitt-Davis	-	Date of Receipt
Mailing Address 84 Boulder Ridge Road		08 10 / Y Y Y Y Y
City Scarsdale	State Zip Code NY 10583	Transaction ID : SA11AI.11301
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	-
Amalgamated Life Insurance Company	President-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 2012 21 City Zip Code State Transaction ID: SA11AI.11314 NY Scarsdale 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation President-AMM Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 09 07 2012 City State Zip Code Transaction ID: SA11AI.11327 Scarsdale NY 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company President-AMM Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 09 21 2012 City Zip Code State Transaction ID: SA11AI.11340 NY Scarsdale 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation President-AMM Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) William Porozok Date of Receipt Mailing Address 68 Mitchell Avenue 2012 City State Zip Code Transaction ID: SA11AI.11270 Piscataway NJ 08854 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation AVP Accounting Amlagamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Porozok Date of Receipt Mailing Address 68 Mitchell Avenue 07 27 2012 City State Zip Code Transaction ID: SA11AI.11283 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Amlagamated Life Insurance Company AVP Accounting Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** William Porozok Date of Receipt Mailing Address 68 Mitchell Avenue 80 10 2012 City State Zip Code Transaction ID: SA11AI.11296 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Amlagamated Life Insurance Company **AVP Accounting** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Other (specify) ▼

Other (specify)

FOR LINE NUMBER: PAGE 15 OF 22

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
/		e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City Piscataway FEC ID number of contributing federal political committee.	State Zip Code NJ 08854	Date of Receipt 08 21 2012 Transaction ID : SA11AI.11309 Amount of Each Receipt this Period 20.00
Name of Employer Amlagamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation AVP Accounting Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City Piscataway	State Zip Code NJ 08854	Date of Receipt 09 07 2012 Transaction ID: SA11AI.11322 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Amlagamated Life Insurance Company Receipt For: Primary General	Occupation AVP Accounting Aggregate Year-to-Date ▼	20.00

		1
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt
Mailing Address 68 Mitchell Avenue		09 21 2012
City	State Zip Code	Transaction ID : SA11AI.11335
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Amlagamated Life Insurance Company	AVP Accounting	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
		1

360.00

380.00

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TOTAL This Period (last page this line number only)		7	Ξ	7	_]

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Detailed Summary Page 14 13 15 16 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) Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 2012 27 City State Zip Code Transaction ID: SA11AI.11284 Piscataway NJ 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Name of Employer Occupation Exec. Dir. Fund & Pool Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 08 10 2012 City State Zip Code Transaction ID: SA11AI.11297 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Exec. Dir. Fund & Pool Receipt For: Aggregate Year-to-Date ▼ Primary General 224.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 80 21 2012 City State Zip Code Transaction ID: SA11AI.11310 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 С federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Exec. Dir. Fund & Pool Receipt For: Aggregate Year-to-Date ▼ Primary General 238.00 Other (specify) 42.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance C	Company Political Action Committe	ee
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue		Date of Receipt
		09 07 2012
City Piscataway	State Zip Code NJ 08854	Transaction ID : SA11AI.11323
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 13 Box Avenue		Date of Receipt
Mailing Address 12 Bev Avenue		09 21 2012
City	State Zip Code	Transaction ID : SA11AI.11336
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	
Full Name (Last, First, Middle Initial) C. Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliott PA		07 13 2012
City Brooklyn	State Zip Code NY 11217	Transaction ID : SA11AI.11272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	58.00

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18 OF 22 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 2012 27 City State Zip Code Transaction ID: SA11AI.11285 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VΡ Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 08 10 2012 City State Zip Code Transaction ID: SA11AI.11298 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 80 21 2012 City State Zip Code Transaction ID: SA11AI.11311 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persible name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Amalgamated Life Insurance (Company Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliott PA		09 07 2012
City	State Zip Code	Transaction ID : SA11AI.11324
Brooklyn	NY 11217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	VP	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliott PA		09 21 _2012 _
City	State Zip Code	Transaction ID : SA11AI.11337
Brooklyn	NY 11217	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	570.00	
Full Name (Last, First, Middle Initial) David Walsh		Date of Receipt
Mailing Address 34 Reservoir Ct.		07 13 2012
City	State Zip Code	Transaction ID : SA11AI.11273
Carmel	NY 10512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	-
Amalgamated Life Insurance Com	President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1680.00	
Other (specify) ▼	1680.00	
SUBTOTAL of Receipts This Page (optional).		180.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) Amalgamated Life Insurance	Company Political Action Committ	ee
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.		Date of Receipt
		07 27 2012
City Carmel	State Zip Code NY 10512	Transaction ID : SA11AI.11286
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Amalgamated Life Insurance Com	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) David Walsh		Date of Receipt
Mailing Address 34 Reservoir Ct.		08 10 2012
City Carmel	State Zip Code NY 10512	Transaction ID : SA11AI.11299
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	
Full Name (Last, First, Middle Initial) David Walsh		Date of Receipt
Mailing Address 34 Reservoir Ct.		08 21 _ 2012 _
City Carmel	State Zip Code NY 10512	Transaction ID : SA11AI.11312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
Amalgamated Life Insurance Com	President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2040.00	
SUBTOTAL of Receipts This Page (optional)		360.00

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	13		14		15		16	;	17

	the name and address of any political committee t					
NAME OF COMMITTEE (In Full)						
/ Amalgamated Life Insurance	Company Political Action Committe	ee 				
Full Name (Last, First, Middle Initial) A. David Walsh	Date of Receipt					
Mailing Address 34 Reservoir Ct.		09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.11325				
Carmel	NY 10512	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	120.00				
Name of Employer	Occupation	1				
Amalgamated Life Insurance Com	President					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	2160.00					
Full Name (Last, First, Middle Initial) David Walsh		Date of Receipt				
Mailing Address 34 Reservoir Ct.		M = M / D = D / Y = Y = Y				
City	State 7in Code	09 21 2012				
City Carmel	State Zip Code NY 10512	Transaction ID : SA11AI.11338				
Carmel	NY 10512	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	120.00				
Name of Employer	Occupation	1				
Amalgamated Life Insurance Com	President]				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2280.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		Date of Heceipt				
City	State Zip Code	Amount of Each Persiantly St. 1				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	_				
SUBTOTAL of Receipts This Page (ontional)	240.00				
TOTAL This Period (last page this line numb	per only)	1870.00				

SCHEDULE B (FEC Form 3X)		FOD / 11/15	NUMBER: PAGE 22 OF 22			
TEMIZED DISBURSEMENTS	Use separate schedule(s)					
TEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c X 29 30l			
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
Amalgamated Life Insurance Comp	any Political Action	Committee	Э			
Full Name (Last, First, Middle Initial)						
A. Kathleen Kane			Date of Disbursement			
- Tatricon Tario	M M / D D / Y Y Y Y					
Mailing Address PO Box 60230			09 28 2012			
Cit.	7:- O-d-					
City S Philadellphi	State Zip Code 19102		Transaction ID: SB29.11353			
Purpose of Disbursement	19102					
The Committee to Elect Kathleen Kane			Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
		Type	1000.00			
	nent For: 2012					
	Primary General Other (specify) ▼					
State: PA District:	outer (specify)					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address						
City	State Zip Code					
Oity	state Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursen	pent For:	Туре				
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
i dipose oi Disbuisement			Amount of Each Dichuranment this Device			
Candidate Name		Category/	Amount of Each Disbursement this Period			
		Type				
Office Sought: House Disbursen						
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
CODITION OF DISDUISEMENTS THIS Page (Optional)		<u> </u>				
TOTAL This Period (last page this line number only).			1000.00			