

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street)

730 Broadway

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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  
Quarterly 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)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

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

Paul Mallen

Signature of Treasurer

Electronically Filed by Paul Mallen

Date

10

20

2008

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
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		51606.71
(b) Cash on Hand at Beginning of Reporting Period .....	55667.70	
(c) Total Receipts (from Line 19) .....	504.00	9564.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56171.70	61171.70
7. Total Disbursements (from Line 31) .....	25000.00	30000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31171.70	31171.70
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

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	454.00	5238.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.00	4166.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	504.00	9404.00
(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) ..... ➡	504.00	9404.00
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.) .....	0.00	160.99
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 Transfer (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)) .....	504.00	9564.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	504.00	9564.99

**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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	25000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	30000.00

**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) .....	504.00	9404.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	504.00	9404.00
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 / 14

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9408

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9409

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9410

Amount of Each Receipt this Period

30.00

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

60.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Transaction ID: SA11AI.9411

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Transaction ID: SA11AI.9412

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Transaction ID: SA11AI.9414

Amount of Each Receipt this Period

40.00

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

100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9415

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9418

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9419

Amount of Each Receipt this Period

10.00

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

40.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9420

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9421

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9422

Amount of Each Receipt this Period

20.00

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

70.00

**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 10 / 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

**A.**

Full Name (Last, First, Middle Initial)

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Exec. Dir. Fund & Pool

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9423

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9424

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

President

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9425

Amount of Each Receipt this Period

120.00

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

164.00

**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 11 / 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

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9426

Amount of Each Receipt this Period

20.00

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

20.00

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

454.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amalgamated Life Insurance Company State Political Action Committee

Mailing Address 730 Broadway

City  
New YorkState  
NYZip Code  
10003-9511Purpose of Disbursement  
Transfer to other Political Committee.Candidate Name  
Amalgamated Life Insurance Company State Political Action CommitteeOffice Sought:  
☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.9406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Amount of Each Disbursement this Period

20000.00

SUBTOTAL of Disbursements This Page (optional) .....

20000.00

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

20000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronnie MUSGROVE

Mailing Address PO BOX 24477

1076 HIGHLAND COLONY PARKWAY

City

JACKSON

State

MS

Zip Code

39225

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ronnie MUSGROVE

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: MS

District: 00

Transaction ID: SB23.9429

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

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

5000.00

Image# 28933580218

Form/Schedule: **SB22**

Transaction ID: **SB22.9406**

CONNECTING ORGANIZATION PAYS FOR FUND RAISING AND ADMIN EXPENSE AND ALL FEDERAL ACTIVITIES  
FEDERAL PAC

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