

**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  
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2013

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 Ellen Dunkin

Signature of Treasurer

Ellen Dunkin

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 29 2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

	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;">2013</span>		40636.42
(b) Cash on Hand at Beginning of Reporting Period.....	43325.02	
(c) Total Receipts (from Line 19) .....	3288.13	6976.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46613.15	47613.15
7. Total Disbursements (from Line 31) .....	0.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46613.15	46613.15
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 Y  
07 01 2013

To:

M M / D D / Y Y Y Y Y  
12 31 2013

**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).....

3018.00

5228.00

(ii) Unitemized .....

252.94

1688.94

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

3270.94

6916.94

(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) ..... ►

3270.94

6916.94

## 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.).....

17.19

59.79

## 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))..... ►

3288.13

6976.73

## 20. Total Federal Receipts

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

3288.13

6976.73

**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	1000.00
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	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3270.94	6916.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3270.94	6916.94
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 31  
(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  
New York

State Zip Code  
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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2013

Transaction ID : SA11AI.11682

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Nina Chakraborty**

Mailing Address 244 Riverside

City  
New York

State Zip Code  
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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2013

Transaction ID : SA11AI.11693

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Nina Chakraborty**

Mailing Address 244 Riverside

City  
New York

State Zip Code  
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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : SA11AI.11703

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31

(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 / 29 / 2013

Transaction ID : SA11Al.11714

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  
12 / 13 / 2013

Transaction ID : SA11Al.11730

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  
12 / 27 / 2013

Transaction ID : SA11Al.11740

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31

(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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2013

Transaction ID : SA11AI.11609

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2013

Transaction ID : SA11AI.11621

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2013

Transaction ID : SA11AI.11630

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31  
(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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2013

Transaction ID : SA11AI.11640

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2013

Transaction ID : SA11AI.11653

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SA11AI.11664

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 31

☒ 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

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 ▼

600.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.11673

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Martin R. Cohen**

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

10 / 18 / 2013

Transaction ID : SA11AI.11683

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Martin R. Cohen**

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.11694

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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FOR LINE NUMBER:  
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PAGE 11 OF 31

☒ 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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2013

**Transaction ID : SA11AI.11704**

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11AI.11715**

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11AI.11731**

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: PAGE 12 OF 31

(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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 27 2013

Transaction ID : SA11Al.11741

Amount of Each Receipt this Period

30.00

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 12 2013

Transaction ID : SA11Al.11610

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 26 2013

Transaction ID : SA11Al.11622

Amount of Each Receipt this Period

40.00

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

110.00

**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. 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 ▼

640.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11Al.11631

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Arthur M. Kurek**

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11Al.11641

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Arthur M. Kurek**

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 06 / 2013

Transaction ID : SA11Al.11654

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:  
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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 ▼

760.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2013

Transaction ID : SA11Al.11665

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 ▼

800.00

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : SA11Al.11674

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 ▼

840.00

Date of Receipt

MM / DD / YYYY  
10 / 18 / 2013

Transaction ID : SA11Al.11685

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31  
(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 ▼

880.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.11695

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 ▼

920.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.11705

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 ▼

960.00

Date of Receipt

11 / 29 / 2013

Transaction ID : SA11AI.11716

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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☒ 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. 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

M M / D D / Y Y Y Y Y  
 12 13 2013

Transaction ID : SA11AI.11732

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 27 2013

Transaction ID : SA11AI.11742

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**c. Claire Levitt-Davis**

Mailing Address 84 Boulder Ridge Road

City State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 12 2013

Transaction ID : SA11AI.11611

Amount of Each Receipt this Period

20.00

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

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

100.00



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

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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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2013

Transaction ID : SA11AI.11623

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2013

Transaction ID : SA11AI.11632

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2013

Transaction ID : SA11AI.11642

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**

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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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2013

Transaction ID : SA11AI.11655

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SA11AI.11669

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : SA11AI.11678

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. 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

10 / 18 / 2013

Transaction ID : SA11AI.11689

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 ▼

440.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.11699

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 ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : SA11AI.11709

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 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. Claire Levitt-Davis**

Mailing Address 84 Boulder Ridge Road

City State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 29 / 2013

Transaction ID : SA11AI.11720

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Claire Levitt-Davis**

Mailing Address 84 Boulder Ridge Road

City State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : SA11AI.11736

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 State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 27 / 2013

Transaction ID : SA11AI.11746

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 31

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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. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

Transaction ID : SA11AI.11686

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

Transaction ID : SA11AI.11696

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

Transaction ID : SA11AI.11706

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Amalgamated Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 / 29 / 2013

**Transaction ID : SA11AI.11717**

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

12 / 13 / 2013

**Transaction ID : SA11AI.11733**

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

12 / 27 / 2013

**Transaction ID : SA11AI.11743**

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**

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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. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2013

Transaction ID : SA11Al.11625

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2013

Transaction ID : SA11Al.11635

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2013

Transaction ID : SA11Al.11645

Amount of Each Receipt this Period

14.00

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

42.00

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

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

Use separate schedule(s)  
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**Amalgamated Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2013

Transaction ID : SA11Al.11657

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SA11Al.11667

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : SA11Al.11676

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)..... ►



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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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2013

Transaction ID : SA11Al.11687

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 ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2013

Transaction ID : SA11Al.11697

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 ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : SA11Al.11707

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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NAME OF COMMITTEE (In Full)

**Amalgamated Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11Al.11718**

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11Al.11734**

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. Lee Souksay**

Mailing Address 12 Bev Avenue

City State Zip Code  
Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Company

Occupation  
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2013

**Transaction ID : SA11Al.11744**

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)..... ►

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NAME OF COMMITTEE (In Full)

**Amalgamated Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Walsh**

Mailing Address 34 Reservoir Ct.

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Com

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2013

**Transaction ID : SA11AI.11617**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. David Walsh**

Mailing Address 34 Reservoir Ct.

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Com

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2013

**Transaction ID : SA11AI.11626**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. David Walsh**

Mailing Address 34 Reservoir Ct.

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Com

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2013

**Transaction ID : SA11AI.11636**

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 ▼

2040.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.11646

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. David Walsh**

Mailing Address 34 Reservoir Ct.

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Com

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

09 / 06 / 2013

Transaction ID : SA11AI.11658

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. David Walsh**

Mailing Address 34 Reservoir Ct.

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance Com

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

09 / 20 / 2013

Transaction ID : SA11AI.11668

Amount of Each Receipt this Period

120.00

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**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

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA11AI.11677

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. David Walsh**

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

10 / 18 / 2013

Transaction ID : SA11AI.11688

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. David Walsh**

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

11 / 01 / 2013

Transaction ID : SA11AI.11698

Amount of Each Receipt this Period

120.00

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

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360.00

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

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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 ▼

2760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2013

**Transaction ID : SA11AI.11708**

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 ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11AI.11719**

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11AI.11735**

Amount of Each Receipt this Period

120.00

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

360.00

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

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

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**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 ▼

3120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 27 2013

Transaction ID : SA11AI.11745

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B.**

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

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)..... ►

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

120.00

3018.00