

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street)

730 Broadway

(Check if address is changed)

New York

NY

10003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PAC@AMALGAMATEDLIFE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2127777550

2. DATE

01 / 12 / 2007

3. FEC IDENTIFICATION NUMBER

C C00369827

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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 **01 / 12 / 2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Amalgamated Life Insurance Company

Mailing Address **730 Broadway** _____

New York **NY** **10003** - **9511**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Paul Mallen**

Mailing Address **Amalgamated Life Insurance Co PAC**
730 Broadway
New York NY 10003 - 9511

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **212 - 539 - 4145**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Paul Mallen**

Mailing Address **Amalgamated Life Insurance Co PAC**
730 Broadway
New York NY 10003 - 9511

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number **212 - 539 - 4145**

Full Name of Designated Agent **Ronald Minikes**

Mailing Address **Amalgamated Life Insurance Co PAC**
730 Broadway
New York NY 10003 - 9511

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number **212 - 539 - 5203**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

11-15 Union Square West

New York

NY

10003

CITY ▲

STATE ▲

ZIP CODE ▲