

**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)

333 Westchester Ave

☐Check if different  
than previously  
reported. (ACC)

White Plains

NY

10604

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 (12S)

Election on

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

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Hirsch

Signature of Treasurer

Electronically Filed by Michael Hirsch

Date

10

12

2010

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)

2 / 34

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	41505.85
(b) Cash on Hand at Beginning of Reporting Period .....	37202.02	
(c) Total Receipts (from Line 19) .....	3116.55	8612.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40318.57	50118.57
7. Total Disbursements (from Line 31) .....	16395.56	26195.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23923.01	23923.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

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) .....	2800.00	5420.00
(ii) Unitemized .....	280.00	3077.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3080.00	8497.00
(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) .....	3080.00	8497.00
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.) .....	36.55	115.72
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)) .....	3116.55	8612.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3116.55	8612.72

## DETAILED SUMMARY PAGE

of Disbursements

4 / 34

FEC Form 3X (Rev. 02/2003)

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)			
(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.....	16395.56	26195.56	
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))..	16395.56	26195.56	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16395.56	26195.56	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	3080.00	8497.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3080.00	8497.00
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 / 34

☒ 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)

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10364

Amount of Each Receipt this Period

30.00

**B.**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10382

Amount of Each Receipt this Period

30.00

**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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10400

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 7 / 34

(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)

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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.10418

Amount of Each Receipt this Period

30.00

**B.**

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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10436

Amount of Each Receipt this Period

30.00

**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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10455

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 8 / 34

(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)

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10473

Amount of Each Receipt this Period

30.00

**B.**

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10365

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10383

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 9 / 34

(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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.10401

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.10419

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.10437

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

FOR LINE NUMBER: PAGE 10 / 34

(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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10456

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10474

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10376

Amount of Each Receipt this Period

40.00

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

80.00

**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 11 / 34

(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)

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10394

Amount of Each Receipt this Period

40.00

**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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10412

Amount of Each Receipt this Period

40.00

**C.**

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 ▼

640.00

Date of Receipt

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

Transaction ID: SA11AI.10430

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 34

(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)

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Exec. VP-B

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10447

Amount of Each Receipt this Period

40.00

**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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Exec. VP-B

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10467

Amount of Each Receipt this Period

40.00

**C.**

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Exec. VP-B

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10485

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 34

(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)

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10366

Amount of Each Receipt this Period

40.00

**B.**

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10384

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10402

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 34

(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)

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

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

Transaction ID: SA11AI.10420

Amount of Each Receipt this Period

40.00

**B.**

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10438

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10457

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 34

(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)

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 ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10475

Amount of Each Receipt this Period

40.00

**B.**

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10377

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10395

Amount of Each Receipt this Period

20.00

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

80.00

**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 16 / 34

(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)

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10413

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.10431

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10448

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 17 / 34

(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)

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  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10468

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10486

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10369

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 18 / 34

(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)

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10387

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10405

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.10423

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 19 / 34

(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)

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10441

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10460

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10477

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 20 / 34

(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)

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10370

Amount of Each Receipt this Period

30.00

**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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10388

Amount of Each Receipt this Period

30.00

**C.**

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10406

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 21 / 34

(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)

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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.10424

Amount of Each Receipt this Period

30.00

**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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10442

Amount of Each Receipt this Period

30.00

**C.**

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10461

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 22 / 34

(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)

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10478

Amount of Each Receipt this Period

30.00

**B.**

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10371

Amount of Each Receipt this Period

20.00

**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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10389

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 23 / 34

(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)

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10407

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.10425

Amount of Each Receipt this Period

20.00

**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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10450

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 24 / 34

(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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10462

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10479

Amount of Each Receipt this Period

20.00

**C.**

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

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  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10408

Amount of Each Receipt this Period

14.00

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

54.00

**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 25 / 34

(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

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  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.10426

Amount of Each Receipt this Period

14.00

**B.**

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

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  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10443

Amount of Each Receipt this Period

14.00

**C.**

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

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  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10463

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(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 ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10480

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10373

Amount of Each Receipt this Period

30.00

**C.**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10391

Amount of Each Receipt this Period

30.00

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

74.00

**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 27 / 34

(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)

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

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10409

Amount of Each Receipt this Period

30.00

**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

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.10427

Amount of Each Receipt this Period

30.00

**C.**

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

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10444

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 28 / 34

(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)

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

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10464

Amount of Each Receipt this Period

30.00

**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

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10482

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation  
EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10374

Amount of Each Receipt this Period

20.00

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

80.00

**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 29 / 34

(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)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10392

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10410

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.10428

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 30 / 34

(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

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)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.10445

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.10465

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Thornton

Mailing Address 20 Old Barn Road

City

Fairfield

State

CT

Zip Code

06824-3845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co

Occupation

EVP, Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.10483

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 31 / 34

(check only one)

☒ 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)

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.10375

Amount of Each Receipt this Period

120.00

**B.**

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

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  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10393

Amount of Each Receipt this Period

120.00

**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

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  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10411

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**

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

FOR LINE NUMBER: PAGE 32 / 34

(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)

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 ▼

1920.00

Date of Receipt

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

Transaction ID: SA11AI.10429

Amount of Each Receipt this Period

120.00

**B.**

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

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10446

Amount of Each Receipt this Period

120.00

**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

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10466

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

FOR LINE NUMBER: PAGE 33 / 34

(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)

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  
ComOccupation  
President

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: SA11AI.10484

Amount of Each Receipt this Period

120.00

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

120.00

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

2800.00

# **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)

PAGE 34 / 34

<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)

PHILIP G HARE

Mailing Address 3805 44TH ST  
P.O. Box 4183

City State Zip Code  
ROCK ISLAND IL 61204

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 17

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.10492

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

TED STRICKLAND

Mailing Address 1337 THOMAS HOLLOW ROAD  
BOX 580

City State Zip Code  
LUCASVILLE OH 45648

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 06

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.10495

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

11395.56

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

16395.56

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

16395.56