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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 333 Westchester Ave ADDRESS (number and street) Check if different than previously White Plains NY 10604 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00369827 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael Hirsch Type or Print Name of Treasurer Electronically Filed by Michael Hirsch 10 12 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **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 D D <sup>®</sup>D 0.7 0 1 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 41505.85 January 1 (b) Cash on Hand at 37202.02 Begining of Reporting Period ..... 3116.55 8612.72 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 40318.57 50118.57 6(a) and 6(c) for Column B) ..... 16395.56 26195.56 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 23923.01 23923.01 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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) 3 / 34

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

	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)(d) Total Contributions (add Lines	0.00	0.00
	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. 15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/34

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:  Shared Federal/Non-Federal		
(a	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b	) Other Federal Operating Expenditures	0.00	0.00
(c			
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ansfers to Affiliated/Other Party	0.00	0.00
<ol><li>Co</li></ol>	ontributions to ederal Candidates/Committeesd Other Political Committees	16395.56	26195.56
	dependent Expenditure se Schedule E)	0.00	0.00
5. Čo	pordinated Expenditures Made by Party		
(u	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
6. Lc	oan Repayments Made	0.00	0.00
_	pans Made	0.00	0.00
(a)		0.00	0.00
(b)	) Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(ď			
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. Ot	her Disbursements	0.00	0.00
0. Fe	ederal Election Activity (2 U.S.C 431(20))		
(a	a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(1	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
1. T	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	16395.56	26195.56
2. 1	Total Federal Disbursements		
•	subtract Line 21(a)(ii) and Line 30(a)(ii)	16205 56	0610F F6
f ı	rom Line 31)	16395.56	26195.56

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 34

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	3080.00	8497.00
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3080.00	8497.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Mailing Address 63 Jefferson Avenue  City  State Zip Code NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify) ▼  Name of Employer Available Initial)  Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City  Islip Terrace  NY 11752  Date of Receipt  Transaction ID: SA11Al.10382  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al.10400  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al.10400  Amount of Each Receipt this Period  City  Islip Terrace  NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one)    X   11a	
Marin R. Cohen  Mailing Address 63 Jefferson Avenue  City State Zip Code	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Primary	Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company	NY 11752  C Occupation Chief Actuary	Transaction ID: SA11AI.10364  Amount of Each Receipt this Period	
Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City State Zip Code Intrasaction ID: SA11Al.10382    Slip Terrace NY 11752   Amount of Each Receipt this Period	Primary General Other (specify) ▼			
Stip Terrace	Martin R. Cohen		M M / D D / Y Y Y Y	
FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City State Zip Code NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Occupation Chief Actuary  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.10400  Amount of Each Receipt this Period  City State Zip Code NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•	·		
Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Aggregate Year-to-Date  Pagregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.10400  Islip Terrace NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Aggregate Year-	FEC ID number of contributing			
Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City  Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary  General  Other (specify) ▼  Date of Receipt  M M / D D 0 / 2 0 1 0  Transaction ID: SA11AI.10400  Amount of Each Receipt this Period  C  30.00	Amalgamated Lîfe Insurance Company Receipt For: Primary General	Chief Actuary  Aggregate Year-to-Date ▼		
City State Zip Code Islip Terrace NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼  Or 3 0 2 0 1 0  Transaction ID: SA11AI.10400  Amount of Each Receipt this Period  Occupation Chief Actuary  Aggregate Year-to-Date ▼  450.00	,	,		
City State Zip Code NY 11752  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼  State Zip Code NY 11752  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  450.00	Mailing Address 63 Jefferson Avenue			
FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   450.00	City	•		
Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary Other (specify) ▼  Occupation Chief Actuary  Aggregate Year-to-Date  450.00	Islip Terrace	NY 11752	Amount of Each Receipt this Period	
Company Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  450.00		C	30.00	
00.00	Company Receipt For: Primary General	Chief Actuary  Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		90.00	

ITEMI	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 34 (check only one)    X   11a
or for cor	mation copied from such Heports and Stanmercial purposes, other than using the resource (In Full)  Igamated Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Martin	ame (Last, First, Middle Initial) R. Cohen g Address 63 Jefferson Avenue			Date of Receipt
	Terrace  D number of contributing	State NY	Zip Code 11752	Transaction ID: SA11AI.10418  Amount of Each Receipt this Period
Name Amalo Comp Recei	of Employer gamated Life Insurance	Occupation Chief Act Aggregate		30.00
B. Martin	ame (Last, First, Middle Initial) R. Cohen g Address 63 Jefferson Avenue	Date of Receipt  0 8 2 7 2 0 1 0		
FEC I	Terrace  D number of contributing all political committee.	State NY	Zip Code 11752	Transaction ID: SA11AI.10436  Amount of Each Receipt this Period  30.00
Name Amalo Comp Recei	of Employer gamated Life Insurance	Occupation Chief Act Aggregate		
Martin	ame (Last, First, Middle Initial) R. Cohen g Address 63 Jefferson Avenue			Date of Receipt  0 9 1 0 2 0 1 0
	Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.10455  Amount of Each Receipt this Period
federa	D number of contributing Il political committee. of Employer gamated Life Insurance	Occupation	n	30.00
<u>Comp</u> Recei		Chief Act	tuary • Year-to-Date ▼  540.00	
SUBTO	TAL of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/34 (check only one)    X   11a
A 0	ny information copied from such Reports and Sir for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City  Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify)	State NY  C  Occupatio Chief Act Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan  Mailing Address 5933 Palmetto Street  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State PA C Occupatio VP Aggregate	Zip Code 19120 In e Year-to-Date ▼ 260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan  Mailing Address 5933 Palmetto Street  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State PA C Occupatio VP Aggregate	Zip Code 19120 In e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)  FOTAL This Period (last page this line number of		<u> </u>	70.00

	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)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Amalgamated Life Insurance Compan	y Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
	Mailing Address 5933 Palmetto Street			07 / 30 / 2010
	City <u>Philadelphia</u>	State PA	Zip Code 19120	Transaction ID: SA11AI.10401  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupatio VP	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan  Mailing Address 5933 Palmetto Street			Date of Receipt
	City	0 8 1 3 2 0 1 0 Transaction ID: SA11AI.10419		
	Philadelphia Philadelphia	State PA	Zip Code 19120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupatio VP	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
С.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Ο.	Mailing Address 5933 Palmetto Street			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Philadelphia	State PA	Zip Code	Transaction ID: SA11AI.10437
	FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period  20.00
	Name of Employer	Occupatio VP	n	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 340.00	
	SUBTOTAL of Receipts This Page (optional)		)	60.00
Ì	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one)    X	
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compared to the Compared Compare	e name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan  Mailing Address 5933 Palmetto Street  City	State	Zip Code	Date of Receipt  0 9 10 2 0 1 0  Transaction ID: SA11AI.10456	
Philadelphia FEC ID number of contributing federal political committee.	PA C	19120	Amount of Each Receipt this Period 20.00	
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street			Date of Receipt  0 9 2 4 2 0 1 0	
City	City State Zip Code			
Philadelphia FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period  20.00	
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation VP Aggregate	e Year-to-Date ▼ 380.00		
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane	Michael Hirsch			
			07 02 7 2010	
City <u>Plainsboro</u>	State NJ	Zip Code 08536	Transaction ID: SA11AI.10376  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Exec. VP Aggregate			
SUBTOTAL of Receipts This Page (optional) .			80.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 34   (check only one)     X   11a     11b     11c   12   13   14     15     16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10394  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Michael Hirsch	Date of Receipt		
Mailing Address 91 Bradford Lane			0 7 3 0 2 0 1 0
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10412  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane			0 8 1 3 2 0 1 0
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10430  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF	P-B	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional	)		120.00

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)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	Statements may not be sold or used by any persent name and address of any political committee on Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael Hirsch  Mailing Address 91 Bradford Lane  City  Plainsboro  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify)	State Zip Code NJ 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael Hirsch  Mailing Address 91 Bradford Lane  City  Plainsboro  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify)	State Zip Code NJ 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date ▼  720.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Hirsch  Mailing Address 91 Bradford Lane  City Plainsboro  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code NJ 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date ▼  760.00	Date of Receipt  M M / D D / 24 / 2010  Transaction ID: SA11AI.10485  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)	·	120.00

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Amalgamated Life Insurance Compa	ny Political Action Committee	
Full Name (Last, First, Middle Initial) Arthur M. Kurek		Date of Receipt
Mailing Address 10 Claremont Avenue	9	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.10366
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek	L	Date of Receipt
Mailing Address 10 Claremont Avenue	)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.10384
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  560.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek		Date of Receipt
Mailing Address 10 Claremont Avenue	)	07 30 7 2010
City	State Zip Code	Transaction ID: SA11AI.10402
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify)	600.00	
SUBTOTAL of Receipts This Page (optional)		120.00

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

	IEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one)    X   11a
or for o	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) nalgamated Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Arti Ma City Blo	I Name (Last, First, Middle Initial) hur M. Kurek illing Address 10 Claremont Avenue  y pomfield C ID number of contributing eral political committee.  me of Employer	State NJ C Occupatio	Zip Code 07003	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 1 3 2 0 1 0  Transaction ID: SA11AI.10420  Amount of Each Receipt this Period  40.00
Am <u>Co</u> Re	nalgamated Lîfe Insurance mpany ceipt For: Primary General Other (specify) ▼	Senior V	ice President e Year-to-Date ▼ 640.00	
Arti	I Name (Last, First, Middle Initial) hur M. Kurek illing Address 10 Claremont Avenue	State	Zip Code	Date of Receipt  0 8 27 2010  Transaction ID: SA11AI.10438
FE fed Na Am Co	comfield  C ID number of contributing eral political committee.  The political committee of Employer algamated Life Insurance mpany ceipt For:  Primary General  Other (specify)	Occupation Senior Vi	07003	Amount of Each Receipt this Period 40.00
. Arti Ma City Blo	I Name (Last, First, Middle Initial) hur M. Kurek iling Address 10 Claremont Avenue  y comfield C ID number of contributing eral political committee.	State NJ	Zip Code 07003	Date of Receipt  M M M / D D / Y Y Y Y Y  0 9 1 0 2 0 1 0  Transaction ID: SA11AI.10457  Amount of Each Receipt this Period  40.00
Na Am <u>Co</u>	me of Employer nalgamated Life Insurance mpany ceipt For: Primary General Other (specify)	Occupation Senior Vi	n ice President e Year-to-Date ▼	
SUBT	FOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Com	and Statements may not be sold or used by any period the name and address of any political committee apany Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur M. Kurek  Mailing Address 10 Claremont Aven		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Bloomfield  FEC ID number of contributing	State Zip Code NJ 07003	Transaction ID: SA11AI.10475  Amount of Each Receipt this Period  40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation Senior Vice President  Aggregate Year-to-Date ▼  760.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	Transaction ID: SA11AI.10377	
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation President-AMM  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge	Road	07 / 16 / 2010
City Scarsdale	State Zip Code NY 10583	Transaction ID: SA11AI.10395
FEC ID number of contributing federal political committee.	NY 10583	Amount of Each Receipt this Period  20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (option	ıaı)	80.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16/34   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp	pany Political A	ction Committee	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		07 30 7 2010
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10431
FEC ID number of contributing federal political committee.	C	10303	Amount of Each Receipt this Period  20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		0 8 27 2010
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10448  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden	t-AMM	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	]
SUBTOTAL of Receipts This Page (optional			60.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16	
A	for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political A	ction Committee		
<u></u>	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt	
	Mailing Address 84 Boulder Ridge R	oad		09 / 10 / 2010	
	City	State NY	Zip Code	Transaction ID: SA11AI.10468	
	Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period  20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00		
_	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt	
	Mailing Address 84 Boulder Ridge Road			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11AI.10486	
	<u>Scarsdale</u> NY		10583	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General  Other (specify) ▼		380.00		
	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt	
	Mailing Address 68 Mitchell Avenue			0 7 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.10369	
	Piscataway	NJ	08854	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc	ounting		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00		
	UBTOTAL of Receipts This Page (optional	`		60.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pers sing the name and address of any political committee to empany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Aven	nue	Date of Receipt  0 7 1 6 2 0 1 0
City Piscataway	State Zip Code NJ 08854	Transaction ID: SA11AI.10387  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Amlagamated Life Insurance Company Receipt For:  Primary General Other (specify)	Occupation AVP Accounting  Aggregate Year-to-Date   280.00	20.00
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Aven	nue	Date of Receipt  0 7 3 0 2 0 1 0
City	Transaction ID: SA11AI.10405	
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Aven		Date of Receipt
		08 13 2010
City	State Zip Code NJ 08854	Transaction ID: SA11AI.10423
Piscataway  FEC ID number of contributing federal political committee.	NJ 08854	Amount of Each Receipt this Period  20.00
Name of Employer Amlagamated Life Insurance Company Receipt For:	Occupation AVP Accounting	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (opti	ional)	60.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16	
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions	
/	mpany Political Action Committee		
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt	
Mailing Address 68 Mitchell Aven	ue	08 27 4 2010	
City	State Zip Code	Transaction ID: SA11AI.10441	
<u>Piscataway</u>	NJ 08854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Amlagamated Life Insurance	Occupation AVP Accounting		
Company Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	340.00	]	
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt	
Mailing Address 68 Mitchell Aven	ue	0 9 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.10460	
Piscataway	NJ 08854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting		
Receipt For:	Aggregate Year-to-Date ▼		
Primary ☐ General Other (specify) ▼	360.00		
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt	
Mailing Address 68 Mitchell Aven	ue	0 9 2 4 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.10477	
Piscataway	NJ 08854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting		
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	380.00		
	onal)	60.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp	nd Statements may not be sold or used by any person the name and address of any political committee to s pany Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Victoria R. Sartor  Mailing Address 117 Burke Place		Date of Receipt		
City Paramus	State Zip Code NJ 07652	0 7 0 2 2 0 1 0  Transaction ID: SA11AI.10370  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Occupation VP, Finance Reporting  Aggregate Year-to-Date   390.00			
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.10388		
Paramus	ramus NJ 07652			
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00			
Full Name (Last, First, Middle Initial) Victoria R. Sartor	-	Date of Receipt		
Mailing Address 117 Burke Place		07 30 7 2010		
City	State Zip Code	Transaction ID: SA11AI.10406		
Paramus  FEC ID number of contributing federal political committee.	NJ 07652	Amount of Each Receipt this Period  30.00		
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
SUBTOTAL of Receipts This Page (optional	d)	90.00		

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)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp	the name and address of any political committi	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor  Mailing Address 117 Burke Place		Date of Receipt
City Paramus FEC ID number of contributing	State Zip Code NJ 07652	Transaction ID: SA11AI.10424  Amount of Each Receipt this Period  30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation VP, Finance Reporting Aggregate Year-to-Date  480.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor  Mailing Address 117 Burke Place		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Paramus FEC ID number of contributing	State Zip Code NJ 07652	Transaction ID: SA11AI.10442  Amount of Each Receipt this Period  30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation VP, Finance Reporting  Aggregate Year-to-Date ▼  510.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt
City Paramus  FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.10461  Amount of Each Receipt this Period  30.00
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date ▼  540.00	
SUBTOTAL of Receipts This Page (optional	)	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Com	nd Statements may not be sold or used by any pers g the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor  Mailing Address 117 Burke Place		Date of Receipt  0 9 2 4 2 0 1 0
City Paramus FEC ID number of contributing	State Zip Code NJ 07652	Transaction ID: SA11AI.10478  Amount of Each Receipt this Period
federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation VP, Finance Reporting  Aggregate Year-to-Date   570.00	30.00
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Stre	eet	Date of Receipt  0 7 0 2 2 0 1 0
City	Transaction ID: SA11AI.10371	
Staten Island	State Zip Code NY 10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate ATT.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date 260.00	
Full Name (Last, First, Middle Initial) Mark Schwartz		Date of Receipt
Mailing Address 130 Aspinwall Stre	et	07 16 2010
City	State Zip Code	Transaction ID: SA11AI.10389
Staten Island FEC ID number of contributing federal political committee.	NY 10307	Amount of Each Receipt this Period  20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate ATT.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
SURTOTAL of Receipts This Page (option	al)	70.00

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)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	v not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa			o donot contributions from ducir committee.
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street			07 30 2010
City	State	Zip Code	Transaction ID: SA11AI.10407
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance	Occupation Corporate		
Company Receipt For:	<del>- ' - '</del>	e Year-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	Aggregate	300.00	
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street			0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10425
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street			0 8 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.10450
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		340.00	
SUBTOTAL of Receipts This Page (optional)			60.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 34 (check only one)    X	
A or	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Amalgamated Life Insurance Compar	ny Political A	ction Committee		
	Full Name (Last, First, Middle Initial)  Mark Schwartz  Mailing Address 130 Aspinwall Street			Date of Receipt	
				09 10 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10462	
	Staten Island	NY	10307	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation Corporate			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		360.00		
	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt	
	ailing Address 130 Aspinwall Street			09 24 2010	
	CityStateStaten IslandNY		Zip Code	Transaction ID: SA11AI.10479  Amount of Each Receipt this Period	
			10307		
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation Corporate			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	380.00		
	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt	
	Mailing Address 12 Bev Avenue			07 30 7 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10408	
	Piscataway	NJ	08854	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		14.00	
	Name of Employer Amalgamated Life Insurance Company	- '	r. Fund & Pool		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		210.00		
Г	SUBTOTAL of Receipts This Page (optional) .			54.00	

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	Statements may not be sold or used by any person name and address of any political committee to any Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee Souksay  Mailing Address 12 Bev Avenue  City Piscataway  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 08854  C  Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date  224.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lee Souksay  Mailing Address 12 Bev Avenue  City  Piscataway  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 08854  C  Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date  238.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lee Souksay  Mailing Address 12 Bev Avenue  City  Piscataway  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 08854  C  Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date  252.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		42.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 34 (check only one)    X
C	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Amalgamated Life Insurance Compa	any Political A	ction Committee	
٨.	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
	Mailing Address 12 Bev Avenue	<b>O</b> : :	7. 0. 1	09 24 2010
	City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.10480  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dis	n r. Fund & Pool	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	
3.	Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Flight DA			Date of Receipt
	Mailing Address 25 South Eliott PA			07 02 7 2010
	City Brooklyn	State NY	Zip Code	Transaction ID: SA11AI.10373
	FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period  30.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio VP	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
- :.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA			07 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.10391
	Brooklyn  FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period  30.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio VP	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
	SUBTOTAL of Receipts This Page (optional)	<b>I</b>		74.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 34 (check only one)    X
or for comm	nation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) gamated Life Insurance Compar	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	me (Last, First, Middle Initial)			Date of Receipt
	Address 25 South Eliott PA			07 30 7 2010
City <u>Brookl</u>	lvn	State NY	Zip Code 11217	Transaction ID: SA11AI.10409  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		30.00
Amalga <u>Compa</u> Receipt		Occupatio VP Aggregate	e Year-to-Date ▼ 450.00	
. Thomas	me (Last, First, Middle Initial) s G. Thompson Address 25 South Eliott PA			Date of Receipt
City		State	Zip Code	0 8 1 3 2 0 1 0  Transaction ID: SA11AI.10427
Brook	lyn	NY	11217	Amount of Each Receipt this Period
	number of contributing political committee.	C		30.00
Amalga <u>Compa</u>		Occupatio VP		
	t For: rimary General other (specify) ♥	Aggregate	e Year-to-Date ▼ 480.00	
. Thomas	me (Last, First, Middle Initial) s G. Thompson			Date of Receipt
Mailing	Address 25 South Eliott PA			08 27 2010
City		State	Zip Code	Transaction ID: SA11AI.10444
	lyn number of contributing political committee.	C	11217	Amount of Each Receipt this Period  30.00
Name o Amalga Compa	of Employer amated Life Insurance ny	Occupatio VP	n	
Receipt P		Aggregate	e Year-to-Date ▼ 510.00	
SUBTOTA	<b>AL</b> of Receipts This Page (optional)	1	<b>1</b>	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Amalgamated Life Insurance Comp	Dany Political Action Committee	1
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA		Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brooklyn	NY 11217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA		Date of Receipt
City	State Zip Code	0 9 2 4 2 0 1 0 Transaction ID: SA11AI.10482
<u>Brooklyn</u>	NY 11217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial)  C. John Thornton		Date of Receipt
Mailing Address 20 Old Barn Road		07 02 / Y Y Y Y Y
City Fairfield	State Zip Code CT 06824-3845	Transaction ID: SA11AI.10374
FEC ID number of contributing federal political committee.	C 00024-3043	Amount of Each Receipt this Period  20.00
Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sales & Marketing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional	hl)	80.00
	ber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to npany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road  City Fairfield  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Co Receipt For: Primary General	State Zip Code CT 06824-3845  C  Occupation EVP, Sales & Marketing Aggregate Year-to-Date	Date of Receipt    M   M   D   D   2 0 1 0
Other (specify) ▼  Full Name (Last, First, Middle Initial) John Thornton  Mailing Address 20 Old Barn Road	280.00	Date of Receipt  0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Fairfield  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Co Receipt For: Primary General Other (specify)	State Zip Code CT 06824-3845  C  Occupation EVP, Sales & Marketing  Aggregate Year-to-Date ▼  300.00	Transaction ID: SA11AI.10410  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road City Fairfield FEC ID number of contributing federal political committee.	State Zip Code CT 06824-3845	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Amalgamated Life Insurance Co Receipt For:  Primary General Other (specify) ▼	Occupation EVP, Sales & Marketing Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (option	nal)	60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 34 (check only one)    X
(	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may le name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compar	ny Political Ac	ction Committee	
۷.	Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
	Mailing Address 20 Old Barn Road		7: 0 1	08 27 2010
	City Fairfield	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10445  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sale	es & Marketing	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
_ 3.	Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	1		Date of Receipt
				09 / 10 / 2010
	City Fairfield	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10465  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	20.00
	Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sale	es & Marketing	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 360.00	
- ;.	Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
	Mailing Address 20 Old Barn Road			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State CT	Zip Code	Transaction ID: SA11AI.10483
	Fairfield  FEC ID number of contributing federal political committee.	C	06824-3845	Amount of Each Receipt this Period  20.00
	Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sale	es & Marketing	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and refor commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	any Political A	ction Committee	
	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			07 02 7 2010
	City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.10375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Amalgamated Life Insurance Com	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1560.00	
	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			07 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.10393
	Carmel	NY	10512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Amalgamated Life Insurance Com	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1680.00	
_	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			07 30 YYYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.10411
	Carmel FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period  120.00
	Name of Employer Amalgamated Life Insurance Com	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
	SUBTOTAL of Receipts This Page (optional)	1		360.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/34   (check only one)   X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.	0 8 1 3 2 0 1 0		
City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.10429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1920.00	
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			0 8 2 7 2 0 1 0
City Carmel	State NY	Zip Code	Transaction ID: SA11AI.10446
FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period  120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2040.00	]
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			0 9 1 0 2 0 1 0
City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.10466  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10012	120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2160.00	
SUBTOTAL of Receipts This Page (optional			360.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33/34		
	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17	
	nformation copied from such Reports and Sta commercial purposes, other than using the n				
1	AME OF COMMITTEE (In Full) malgamated Life Insurance Company	Political A	ction Committee		
Da	Ill Name (Last, First, Middle Initial) avid Walsh ailing Address 34 Reservoir Ct.	State	Zip Code	Date of Receipt    M M M	
FE	armel EC ID number of contributing deral political committee.  ame of Employer	NY C	10512	Amount of Each Receipt this Period  120.00	
<u>C</u>	ame of Employer malgamated Life Insurance om eceipt For: Primary Other (specify)	Presiden			

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number only)	<b>•</b>	2800.00

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 34/34	
l	ITEMIZED DISBURSEMENTS	for each category of the	(check only one)	23	
		Detailed Summary Page		28b 28c 29 30b	
	Any Information copied from such Reports and Statement				
	or for commercial purposes, other than using the name	and address of any political c	ommittee to solicit contribution	ons from such committee	
	NAME OF COMMITTEE (In Full)				
	Amalgamated Life Insurance Company Pol	itical Action Committee			
	Full Name (Last, First, Middle Initial)			on ID: SB23.10492	
A.	PHILIP G HARE			sbursement	
	Mailing Address 3805 44TH ST P.O. Box 4183		08	D 1 9 Y 2 0 1 0 Y	
	,	State Zip Code	Amount of	Each Disbursement this Period	
		IL 61204		5000.00	
	Purpose of Disbursement			3000.00	
	Candidate Name		Category/		
			Туре		
	Office Sought: X House Disburser				
	Senate President	Primary General Other (specify) ▼			
	State: IL District: 17	Other (specify)			
	Full Name (Last, First, Middle Initial)		Transactio	on ID: SB23.10495	
В.	TED STRICKLAND		Date of Disbursement		
	Mailing Address 1337 THOMAS HOLLOW		30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	BOX 580		2010		
		State Zip Code OH 45648	Amount of	Each Disbursement this Period	
	Purpose of Disbursement	Jn 45046		11395.56	
	Fulpose of Disbursement				
	Candidate Name		Category/ Type		
	Office Sought: X House Disburser				
	Senate	Primary General			
	President	Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	16395.56
TOTAL This Period (last page this line number only)	<b>•</b>	16395.56

State: OH

District: 06