

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

Office Use Only

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

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street)

730 Broadway

Check if different  
than previously  
reported. (ACC)

New York

NY

10003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00369827

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

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

Victoria R. Sartor

Signature of Treasurer

Electronically Filed by Victoria R. Sartor

Date

0 1

1 2

2 0 0 7

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. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		57236.96
(b) Cash on Hand at Beginning of Reporting Period .....	47845.02	
(c) Total Receipts (from Line 19) .....	1060.14	13768.19
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48905.16	71005.15
7. Total Disbursements (from Line 31) .....	0.00	22099.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48905.16	48905.16
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	1008.00	8693.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	20.00	4855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1028.00	13548.00
(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) .....	1028.00	13548.00
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.) .....	32.14	220.19
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)) .....	1060.14	13768.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1060.14	13768.19

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	22099.99
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))..		0.00	22099.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	22099.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1028.00	13548.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1028.00	13548.00
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Eusebio Borrero			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 1966 Newbold Avenue			<b>Transaction ID:</b> SA11A1.8247	
City State Zip Code Bronx NY 10472			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Supervisor QA/Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Eusebio Borrero			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 1966 Newbold Avenue			<b>Transaction ID:</b> SA11A1.8274	
City State Zip Code Bronx NY 10472			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Supervisor QA/Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Nina Chakraborty			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 244 Riverside			<b>Transaction ID:</b> SA11A1.8248	
City State Zip Code New York NY 10025			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Executive - VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code  
 New York NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Executive - VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8275

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** Kevin Cleary

Mailing Address 3111 Timothy Road

City State Zip Code  
 Bellmore NY 11710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8249

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Kevin Cleary

Mailing Address 3111 Timothy Road

City State Zip Code  
 Bellmore NY 11710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
AVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8276

Amount of Each Receipt this Period

20.00

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

50.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 21

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8250 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8277 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City State Zip Code Philadelphia PA 19120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8251 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(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 State Zip Code  
 Philadelphia PA 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 ▼

540.00

Date of Receipt

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

Transaction ID: SA11A1.8278

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code  
 Sayville NY 11782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8252

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code  
 Sayville NY 11782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8279

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 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judith Greenspan

Mailing Address 75-17 169th Street

City State Zip Code  
 Flushing NY 11366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8253

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code  
 Plainsboro NJ 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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.8254

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code  
 Plainsboro NJ 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 ▼

1040.00

Date of Receipt

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

Transaction ID: SA11A1.8280

Amount of Each Receipt this Period

40.00

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 11 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code  
 Roslyn Heights NY 11577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.8255

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code  
 Roslyn Heights NY 11577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

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

Transaction ID: SA11A1.8281

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** Lawrence Kleinman

Mailing Address 340 West 28th Street

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Manager-B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11A1.8257

Amount of Each Receipt this Period

15.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 21

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8283 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Avenue City State Zip Code Bloomfield NJ 07003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Vice President Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8258 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Avenue City State Zip Code Bloomfield NJ 07003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Vice President Aggregate Year-to-Date ▼ 1040.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8284 Amount of Each Receipt this Period 40.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 21

(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 State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Amalgamated Life Insurance  
 Company

Occupation  
 President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8259

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 State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Amalgamated Life Insurance  
 Company

Occupation  
 President-AMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8285

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 Robert McCready  
 Mailing Address 72 Humphrey Drive

City State Zip Code  
 Syosset NY 11791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Amalgamated Life Insurance

Occupation  
 AVP-Group Ins.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.8261

Amount of Each Receipt this Period

10.00

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 21

(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)

Robert McCready

Mailing Address 72 Humphrey Drive

City State Zip Code  
 Syosset NY 11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance

Occupation  
AVP-Group Ins.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8287

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City State Zip Code  
 White Plains NY 10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.8262

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City State Zip Code  
 White Plains NY 10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

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

Transaction ID: SA11A1.8288

Amount of Each Receipt this Period

40.00

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel E. Mueller

Mailing Address 44 East Madison Avenue

City State Zip Code  
 Florham Park NJ 07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Director Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8263

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joel E. Mueller

Mailing Address 44 East Madison Avenue

City State Zip Code  
 Florham Park NJ 07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Director Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.8289

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code  
 Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
AVP Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8264

Amount of Each Receipt this Period

20.00

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

40.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code  
 Piscataway NJ 08854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
AVP Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8290

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code  
 Paramus NJ 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 ▼

750.00

Date of Receipt

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

Transaction ID: SA11A1.8265

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code  
 Paramus NJ 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 ▼

780.00

Date of Receipt

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

Transaction ID: SA11A1.8291

Amount of Each Receipt this Period

30.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 21

(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

<b>A.</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. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8266 Amount of Each Receipt this Period 20.00
<b>B.</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. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8292 Amount of Each Receipt this Period 20.00
<b>C.</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. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8267 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)  
or each category of the  
Detailed Summary Page

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(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

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8293 Amount of Each Receipt this Period 14.00
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA City State Zip Code Brooklyn NY 11217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8268 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA City State Zip Code Brooklyn NY 11217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8294 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)  
or each category of the  
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(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

<b>A.</b> Full Name (Last, First, Middle Initial) Rosanne Tralongo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 9 Lockwood Lane		
City Closter	State NJ	Zip Code 07624
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.8269
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 20.00
Occupation AVP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Rosanne Tralongo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 9 Lockwood Lane		
City Closter	State NJ	Zip Code 07624
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.8295
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 20.00
Occupation AVP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Veloso		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 64 Thornton Street		
City Lawrence	State MA	Zip Code 01841
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.8270
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 20.00
Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

**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)  
or each category of the  
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(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

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 64 Thornton Street			<b>Transaction ID:</b> SA11A1.8296	
City State Zip Code Lawrence MA 01841			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			<b>Transaction ID:</b> SA11A1.8271	
City State Zip Code Freehold NJ 07728			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			<b>Transaction ID:</b> SA11A1.8297	
City State Zip Code Freehold NJ 07728			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		

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

60.00

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

1008.00

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
ABNY Amalgamated Bank of New York

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.63

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA17.8299

Amount of Each Receipt this Period

15.58

**B.** Full Name (Last, First, Middle Initial)  
ABNY Amalgamated Bank of New York

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.19

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA17.8300

Amount of Each Receipt this Period

16.56

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

32.14

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

32.14