

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

333 Westchester Ave

☐ Check if different than previously reported. (ACC)

White Plains

NY

10604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00369827

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☒ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

Type or Print Name of Treasurer Ellen Dunkin

Signature of Treasurer

Ellen Dunkin

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 11 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		46613.15
(b) Cash on Hand at Beginning of Reporting Period.....	58069.78	
(c) Total Receipts (from Line 19)	1756.01	13212.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59825.79	59825.79
7. Total Disbursements (from Line 31)	9938.82	9938.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49886.97	49886.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

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).....	1390.00	2030.00
(ii) Unitemized	346.00	1206.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1736.00	3236.00
(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)	1736.00	3236.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	9938.82
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.).....	20.01	37.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1756.01	13212.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1756.01	13212.64

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	9938.82	9938.82
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9938.82	9938.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9938.82	9938.82

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)	1736.00	3236.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1736.00	3236.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 6 OF 14
 (check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

 City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.11817

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

 City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.11835

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

 City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.11826

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

State

Zip Code

Islip Terrace

NY

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Amalgamated Life Insurance Company

Chief Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.11846

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

State

Zip Code

Islip Terrace

NY

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Amalgamated Life Insurance Company

Chief Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 30 / 2014

Transaction ID : SA11AI.11855

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

State

Zip Code

Islip Terrace

NY

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Amalgamated Life Insurance Company

Chief Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.11864

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11Al.11878

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11Al.11818

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11Al.11827

Amount of Each Receipt this Period

40.00

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

110.00

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.11836

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.11847

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 30 / 2014

Transaction ID : SA11AI.11856

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11Al.11865

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11Al.11879

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11Al.11860

Amount of Each Receipt this Period

20.00

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

100.00

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

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.11869

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.11883

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Com

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.11821

Amount of Each Receipt this Period

120.00

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

160.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 18 2014

Transaction ID : SA11AI.11830

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 02 2014

Transaction ID : SA11AI.11841

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 16 2014

Transaction ID : SA11AI.11850

Amount of Each Receipt this Period

120.00

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

360.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.11859

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.11868

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Com

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.11882

Amount of Each Receipt this Period

120.00

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

360.00

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

1390.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amalgamated Life Insurance Company State Political Action Committee

Mailing Address 333 Westchester Avenue

City
White PlainsState
NYZip Code
10604

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SB22.11871

Amount of Each Disbursement this Period

9938.82

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9938.82

9938.82
