

**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  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the  
State of

5. Covering Period

10

01

2006

through

11

27

2006

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

12

06

2006

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	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	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 .....	53760.72	
(c) Total Receipts (from Line 19) .....	2084.29	12708.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55845.01	69945.01
7. Total Disbursements (from Line 31) .....	7999.99	22099.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47845.02	47845.02
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 0D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
1 1D D  
2 7Y 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	2016.00	7685.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.00	4835.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	2066.00	12520.00
(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) ..... ➡	2066.00	12520.00
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.) .....	18.29	188.05
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)) .....	2084.29	12708.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2084.29	12708.05

**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.....		7999.99	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))..		7999.99	22099.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		7999.99	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) .....	2066.00	12520.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2066.00	12520.00
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:  
(check only one)

PAGE 6 / 36

☒ 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 Mailing Address 1966 Newbold Avenue City State Zip Code Bronx NY 10472 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8122 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Eusebio Borrero Mailing Address 1966 Newbold Avenue City State Zip Code Bronx NY 10472 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8148 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Eusebio Borrero Mailing Address 1966 Newbold Avenue City State Zip Code Bronx NY 10472 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8175 Amount of Each Receipt this Period 10.00

**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)  
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Detailed Summary Page

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(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

**A.** Full Name (Last, First, Middle Initial)

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11A1.8096

Amount of Each Receipt this Period

10.00

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

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8123

Amount of Each Receipt this Period

10.00

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

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11A1.8149

Amount of Each Receipt this Period

10.00

**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)  
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FOR LINE NUMBER: PAGE 8 / 36

(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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8176

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11A1.8097

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8124

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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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

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt MM / DD / YYYY 11 / 08 / 2006 <b>Transaction ID:</b> SA11A1.8150 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt MM / DD / YYYY 11 / 22 / 2006 <b>Transaction ID:</b> SA11A1.8177 Amount of Each Receipt this Period 20.00
<b>C.</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 ▼ 630.00		Date of Receipt MM / DD / YYYY 10 / 11 / 2006 <b>Transaction ID:</b> SA11A1.8098 Amount of Each Receipt this Period 30.00

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 36

(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 ▼ 660.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8125 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 ▼ 690.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8151 Amount of Each Receipt this Period 30.00
<b>C.</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 ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8178 Amount of Each Receipt this Period 30.00

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

90.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

440.00

Date of Receipt

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

Transaction ID: SA11A1.8099

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Transaction ID: SA11A1.8126

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8152

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.8179

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11A1.8100

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8127

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(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.** 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 ▼

460.00

Date of Receipt

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

Transaction ID: SA11A1.8153

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11A1.8101

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 / 36

(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)

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8128

Amount of Each Receipt this Period

10.00

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

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11A1.8154

Amount of Each Receipt this Period

10.00

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

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 ▼

840.00

Date of Receipt

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

Transaction ID: SA11A1.8102

Amount of Each Receipt this Period

40.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro State NJ Zip Code 08536 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Exec. VP-B Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8129 Amount of Each Receipt this Period 40.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro State NJ Zip Code 08536 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Exec. VP-B Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8155 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro State NJ Zip Code 08536 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation Exec. VP-B Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8181 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(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 ▼

840.00

Date of Receipt

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

Transaction ID: SA11A1.8103

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8130

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

920.00

Date of Receipt

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

Transaction ID: SA11A1.8156

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(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 ▼

960.00

Date of Receipt

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

Transaction ID: SA11A1.8182

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

315.00

Date of Receipt

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

Transaction ID: SA11A1.8105

Amount of Each Receipt this Period

15.00

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8132

Amount of Each Receipt this Period

15.00

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 36

(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 ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8158 Amount of Each Receipt this Period 15.00
<b>B.</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 ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8184 Amount of Each Receipt this Period 15.00
<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 ▼ 840.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8106 Amount of Each Receipt this Period 40.00

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 36

(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. 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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8133

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 ▼

920.00

Date of Receipt

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

Transaction ID: SA11A1.8159

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 ▼

960.00

Date of Receipt

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

Transaction ID: SA11A1.8185

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11A1.8107

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8134

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 Claire Levitt-Davis  
 Mailing Address 84 Boulder Ridge Road

City 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 ▼

460.00

Date of Receipt

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

Transaction ID: SA11A1.8160

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8186

Amount of Each Receipt this Period

20.00

**B.** 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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11A1.8109

Amount of Each Receipt this Period

10.00

**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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8136

Amount of Each Receipt this Period

10.00

**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 22 / 36

(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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11A1.8162

Amount of Each Receipt this Period

10.00

B. 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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8188

Amount of Each Receipt this Period

10.00

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 ▼

840.00

Date of Receipt

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

Transaction ID: SA11A1.8110

Amount of Each Receipt this Period

40.00

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

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) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8137 Amount of Each Receipt this Period 40.00
<b>B.</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. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8163 Amount of Each Receipt this Period 40.00
<b>C.</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. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8189 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)  
or each category of the  
Detailed Summary Page

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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) Joel E. Mueller		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 44 East Madison Avenue		
City	State	Zip Code
Florham Park	NJ	07932
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.8138
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 10.00
Occupation Director Investment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

<b>B.</b> Full Name (Last, First, Middle Initial) Joel E. Mueller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 44 East Madison Avenue		
City	State	Zip Code
Florham Park	NJ	07932
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.8164
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 10.00
Occupation Director Investment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00

<b>C.</b> Full Name (Last, First, Middle Initial) Joel E. Mueller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 44 East Madison Avenue		
City	State	Zip Code
Florham Park	NJ	07932
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.8190
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 10.00
Occupation Director Investment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

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

30.00

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



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

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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) William Porozok Mailing Address 68 Mitchell 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 AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8112 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell 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 AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8139 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell 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 AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8165 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**

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

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

William Porozok

Mailing Address 68 Mitchell Avenue

City 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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8191

Amount of Each Receipt this Period

20.00

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

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 ▼

630.00

Date of Receipt

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

Transaction ID: SA11A1.8113

Amount of Each Receipt this Period

30.00

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

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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.8140

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**

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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) Victoria R. Sartor Mailing Address 117 Burke Place City State Zip Code Paramus NJ 07652 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation VP, Finance Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8166 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City State Zip Code Paramus NJ 07652 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation VP, Finance Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8192 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City State Zip Code Staten Island NY 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 ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8114 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**

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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 ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8141 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 ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8167 Amount of Each Receipt this Period 20.00
<b>C.</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 ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8193 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**

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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 ▼ 294.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8115 Amount of Each Receipt this Period 14.00
<b>B.</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 ▼ 308.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8142 Amount of Each Receipt this Period 14.00
<b>C.</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 ▼ 322.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8168 Amount of Each Receipt this Period 14.00

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

42.00

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

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

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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 ▼ 336.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8194 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 ▼ 630.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8116 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 ▼ 660.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8143 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**

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code  
 Brooklyn NY 11217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

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

Transaction ID: SA11A1.8169

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B.** Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code  
 Brooklyn NY 11217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: SA11A1.8195

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C.** Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City State Zip Code  
 Closter NJ 07624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11A1.8117

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**

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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 Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8144 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8170 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.8196 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**

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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 0 / 1 1 / 2 0 0 6	
Mailing Address 64 Thornton Street			<b>Transaction ID:</b> SA11A1.8118	
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 ▼ 420.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 64 Thornton Street			<b>Transaction ID:</b> SA11A1.8145	
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 ▼ 440.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 64 Thornton Street			<b>Transaction ID:</b> SA11A1.8171	
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 ▼ 460.00		

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 36

(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 1 / 2 2 / 2 0 0 6	
Mailing Address 64 Thornton Street			<b>Transaction ID:</b> SA11A1.8197	
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 ▼ 480.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			<b>Transaction ID:</b> SA11A1.8119	
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 ▼ 420.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			<b>Transaction ID:</b> SA11A1.8146	
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 ▼ 440.00		

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 36

(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)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code  
 Freehold NJ 07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11A1.8172

Amount of Each Receipt this Period

20.00

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

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code  
 Freehold NJ 07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amalgamated Life Insurance  
Company

Occupation  
Sr. 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  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.8198

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) .....

2016.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 36

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Andy Levin Friends of Andy Levin

Mailing Address 25 W 14 Mile Rd

City  
Clawson

State  
MI

Zip Code  
48017

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.8207

Date of Disbursement

/   /

Amount of Each Disbursement this Period

499.99

Full Name (Last, First, Middle Initial)

**B.** Latino Latino Citizens for Respect

Mailing Address 371 Whitfield, #3

City  
Guilford

State  
CT

Zip Code  
06437

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.8211

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Mejias Mejias For Congress

Mailing Address 294 Main Street

City  
Farmingdale

State  
NY

Zip Code  
11735

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.8209

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

7999.99

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

7999.99