

**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

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

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

Paul Mallen

Signature of Treasurer

Electronically Filed by Paul Mallen

Date

10

07

2008

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
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		51606.71
(b) Cash on Hand at Beginning of Reporting Period	52165.37	
(c) Total Receipts (from Line 19)	3502.33	9060.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55667.70	60667.70
7. Total Disbursements (from Line 31)	0.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55667.70	55667.70
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	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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	2794.00	4784.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	654.00	4116.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	3448.00	8900.00
(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) ➡	3448.00	8900.00
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.)	54.33	160.99
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))	3502.33	9060.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3502.33	9060.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	5000.00

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)	3448.00	8900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3448.00	8900.00
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 / 35

(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)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9256

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9257

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9302

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 35

(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)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9303

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9342

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9365

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 35

(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)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9366

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9258

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.9259

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

PAGE 9 / 35

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.9304

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: SA11AI.9305

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.9343

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 10 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9367

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9368

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9260

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9261

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9306

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9307

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9344

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9369

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9370

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9262

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.9263

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

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

Transaction ID: SA11AI.9308

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9309

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9345

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9371

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9372

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9264

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.9265

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9268

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.9269

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

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

Transaction ID: SA11AI.9312

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 17 / 35

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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

A.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9313

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9347

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9375

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 18 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9376

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9270

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9271

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9314

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9315

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9348

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 35

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9377

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9378

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9283

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9284

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9324

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9325

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9353

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9387

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9388

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9285

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.9286

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.9326

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9327

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9354

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9389

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 25 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9390

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9287

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9288

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 35

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9328

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9329

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9355

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

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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

A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9391

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9392

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.9290

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER:
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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

A.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID: SA11AI.9330

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9331

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9356

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 35

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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

A.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9393

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9395

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9291

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

58.00

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 30 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.9292

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.9332

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9333

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9357

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9396

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9397

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.9334

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9335

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9358

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9398

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address 34 Reservoir Ct.

City

Carmel

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9399

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

Freehold

State

NJ

Zip Code

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.9293

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

260.00

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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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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9294

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.9336

Amount of Each Receipt this Period

20.00

C.

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9337

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 35 / 35

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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)

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9359

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.9400

Amount of Each Receipt this Period

20.00

C.

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.9401

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)

2794.00