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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 730 Broadway ADDRESS (number and street) Check if different than previously New York NY 10003 reported. (ACC) **FEC IDENTIFICATION NUMBER** STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00369827 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Paul Mallen Type or Print Name of Treasurer Electronically Filed by Paul Mallen 10 07 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee D D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 51606.71 2008 January 1 (b) Cash on Hand at 52165.37 Begining of Reporting Period 3502.33 9060.99 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 55667.70 60667.70 6(a) and 6(c) for Column B) 0.00 5000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 55667.70 55667.70 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	ontributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2794.00	4784.00
	(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 (d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3448.00	8900.00
	ansfers From Affiliated/Other	0.00	0.00
3. Al	Loans Received	0.00	0.00
	an Repayments Received ifsets To Operating Expenditures	0.00	0.00
(C	efunds, Rebates, etc.) earry Totals to Line 37, page 5)	0.00	0.00
	Federal candidates and Other litical Committees	0.00	0.00
	ther Federal Receipts ividends, Interest, etc.)	54.33	160.99
8. T	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	o) Levin Funds (from Schedule H5)	0.00	0.00
(0) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	3502.33	9060.99
	otal Federal Receipts ubtract Line 18(c) from Line 19)	3502.33	9060.99

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 0.00 5000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 0.00 5000.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

0.00

5000.00

from Line 31).....

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

FE6AN026

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	Statements may not be sold or used by any persone name and address of any political committee to any Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date 280.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date 320.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· 	60.00

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) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	ny Political Action Committee	
Full Name (Last, First, Middle Initial) Kevin Cleary		Date of Receipt
Mailing Address 3111 Timothy Road	Ctata 7ia Cada	0 8 / 15 / 2008
City Bellmore	State Zip Code NY 11710	Transaction ID: SA11AI.9303 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation AVP	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Kevin Cleary		Date of Receipt
Mailing Address 3111 Timothy Road		08 / 29 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9342
Bellmore	NY 11710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation AVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Kevin Cleary		Date of Receipt
Mailing Address 3111 Timothy Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9365
Bellmore	NY 11710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation AVP	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	<u> </u>	· ·	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 3111 Timothy Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11AI.9366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11110	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation AVP	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
Mailing Address 63 Jefferson Avenue			07 04 YYYYY
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.9258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
Mailing Address 63 Jefferson Avenue			0 7 1 8 2 0 0 8
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.9259 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11772	30.00
Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act	uary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (options			80.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	oied from such Reports and Statemer urposes, other than using the name a IMITTEE (In Full) I Life Insurance Company Politi	and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last Martin R. Cohen Mailing Address City Islip Terrace FEC ID number federal political of Amalgamated L' Company Receipt For:	St N of contributing committee. rer fe Insurance St N Occ Chi	eupation ef Actuary	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Other (spe	General ecify) ▼ First, Middle Initial)	gregate Year-to-Date ▼ 480.00	Date of Receipt
City Islip Terrace FEC ID number federal political of Amalgamated L' Company Receipt For: Primary Other (spe	of contributing committee. Cerefe Insurance General	ate Zip Code Y 11752 supation ef Actuary gregate Year-to-Date 510.00	Transaction ID: SA11AI.9305 Amount of Each Receipt this Period 30.00
Full Name (Last Martin R. Cohen Mailing Address City Islip Terrace FEC ID number federal political of Name of Employ Amalgamated L. Company Receipt For: Primary Other (spe	St N' of contributing committee. rer fe Insurance General General	ate Zip Code Y 11752 Eupation ef Actuary gregate Year-to-Date 540.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 9 2 0 0 8 Transaction ID: SA11AI.9343 Amount of Each Receipt this Period 30.00
SUBTOTAL of Re	ceipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compared	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City Islip Terrace FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11752 C Occupation Chief Actuary Aggregate Year-to-Date ▼ 570.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City Islip Terrace FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11752 C Occupation Chief Actuary Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date ▼ 280.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional) .		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 0 7 18 2008 Transaction ID: SA11AI.9261 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 8
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer	State Zip Code PA 19120 C	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	VP Aggregate Year-to-Date ▼ 340.00	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date 380.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 19120 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt M M / D D / 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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	Statements may not be sold or used by any perse name and address of any political committee to	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	State Zip Code NJ 08536	Date of Receipt 0 7 0 4 2 0 0 8 Transaction ID: SA11AI.9262 Amount of Each Receipt this Period
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane		Date of Receipt 0 7 1 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9263
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Michael Hirsch	.1	Date of Receipt
Mailing Address 91 Bradford Lane		08 01 2008
City Plainsboro	State Zip Code NJ 08536	Transaction ID: SA11AI.9308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 640.00	
Other (specify) ▼	640.00	120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane		Date of Receipt 0 8 2 9 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9345
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Michael Hirsch		Date of Receipt
Mailing Address 91 Bradford Lane		0 9 1 2 2 0 0 8
City Plainsboro	State Zip Code NJ 08536	Transaction ID: SA11AI.9371 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP-B Aggregate Year-to-Date ▼ 760.00	1
SUBTOTAL of Receipts This Page (optional		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Amaigamated Life insurance Comp	any Fontical Action Committee	
Full Name (Last, First, Middle Initial) Michael Hirsch		Date of Receipt
Mailing Address 91 Bradford Lane		M M / D D / Y Y Y Y Y O S
City	State Zip Code	Transaction ID: SA11AI.9372
Plainsboro	NJ 08536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP-B	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara		Date of Receipt
Mailing Address 42 Center Court		M M / D D / Y Y Y Y Y Y Y O 7 0 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9264
Roslyn Heights	NY 11577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara		Date of Receipt
Mailing Address 42 Center Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9265
Roslyn Heights	NY 11577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	the name and address of any political committee to eany Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aven		Date of Receipt
Walling Address To Claremont Aveni		07 04 2008
City	State Zip Code	Transaction ID: SA11AI.9268
Bloomfield FEC ID number of contributing federal political committee.	NJ 07003	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aveni	lle.	Date of Receipt
City	State Zip Code	0 7 1 8 2 0 0 8 Transaction ID: SA11AI.9269
Bloomfield FEC ID number of contributing federal political committee.	NJ 07003	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation Senior Vice President Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek		Date of Receipt
Mailing Address 10 Claremont Aven	ue	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9312
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional) >	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements mand add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	ction Committee	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenue			08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9313
Bloomfield	NJ	07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance	Occupatio		7
Company		ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenue			M M / D D / Y Y Y Y Y Y O S O S O S O S O S O S O S
City	State	Zip Code	Transaction ID: SA11AI.9347
Bloomfield	NJ	07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Senior V	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenue			09 12 2008
City	State	Zip Code	Transaction ID: SA11AI.9375
Bloomfield	NJ	07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Senior V	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 760.00	
SUBTOTAL of Receipts This Page (optional)		·····	120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aver	nue		Date of Receipt
City Bloomfield FEC ID number of contributing	State NJ	Zip Code 07003	Transaction ID: SA11AI.9376 Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify)		n ice President Year-to-Date 800.00	10.00
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge I	Road		Date of Receipt 0 7 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9270
Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		07 18 2008
City	State	Zip Code	Transaction ID: SA11AI.9271
Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation Presiden	t-AMM	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)		80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per- the name and address of any political committee	
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political Action Committee	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge R		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9314
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge R	oad	0 8 1 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9315
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge R	oad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9348
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
)	. 60.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political Action Committee	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge R		09 / 12 / 4 9 9
City Scarsdale	State Zip Code NY 10583	Transaction ID: SA11AI.9377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis		Date of Receipt
Mailing Address 84 Boulder Ridge R	oad	09 26 2008
City	State Zip Code	Transaction ID: SA11AI.9378
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt
Mailing Address 68 Mitchell Avenue		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Piscataway	State Zip Code NJ 08854	Transaction ID: SA11AI.9283
FEC ID number of contributing federal political committee.	NJ 08854	Amount of Each Receipt this Period 20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 35 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
Amalgamated Life Insurance Comp	any Political Action Committee	
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt
Mailing Address 68 Mitchell Avenue		07 18 2008
City Piscataway	State Zip Code NJ 08854	Transaction ID: SA11AI.9284
FEC ID number of contributing federal political committee.	NJ 08854	Amount of Each Receipt this Period 20.00
Name of Employer Amlagamated Life Insurance	Occupation AVP Accounting	
Company Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt
Mailing Address 68 Mitchell Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9324
<u>Piscataway</u>	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) William Porozok		Date of Receipt
Mailing Address 68 Mitchell Avenue		0 8 1 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9325
<u>Piscataway</u>	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SUPTOTAL of Descripts This Dags (entions)	60.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political A	ction Committee	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			08 29 2008
City	State	Zip Code	Transaction ID: SA11AI.9353
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amlagamated Life Insurance Company	Occupatio AVP Acc		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		360.00]
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9387
<u>Piscataway</u>	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amlagamated Life Insurance Company	Occupatio AVP Acc		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9388
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amlagamated Life Insurance Company	Occupatio AVP Acc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
			60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
Amalgamated Life Insurance Comp	pany Political Action Committee	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
Mailing Address 117 Burke Place City	State Zip Code	0 7 0 4 2 0 0 8 Transaction ID: SA11AI.9285
Paramus	NJ 07652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
Mailing Address 117 Burke Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9286
Paramus FEC ID number of contributing federal political committee.	NJ 07652	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
Mailing Address 117 Burke Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9326
Paramus FEC ID number of contributing federal political committee.	NJ 07652	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optiona	l)	90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	Statements may not be sold or used by any persone name and address of any political committee to any Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 07652 C Occupation VP, Finance Reporting Aggregate Year-to-Date 510.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 07652 C Occupation VP, Finance Reporting Aggregate Year-to-Date ▼	Date of Receipt M M M 29 2008 Transaction ID: SA11AI.9354 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 07652 C Occupation VP, Finance Reporting Aggregate Year-to-Date 570.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 35 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	nd Statements may not be sold or used by any pers g the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt
City Paramus	State Zip Code NJ 07652	Transaction ID: SA11AI.9390 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date 600.00	30.00
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Stre	pet	Date of Receipt 0 7 0 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9287
Staten Island	NY 10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate ATT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Mark Schwartz	•	Date of Receipt
Mailing Address 130 Aspinwall Stre	eet	07 18 2008
City	State Zip Code	Transaction ID: SA11AI.9288
Staten Island FEC ID number of contributing federal political committee.	NY 10307	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate ATT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (option	al)	70.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 35 (check only one) X
or for c	ommercial purposes, other than using the ME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Am	algamated Life Insurance Compar	iy Political A	ction Committee	
. Mar	Name (Last, First, Middle Initial) k Schwartz			Date of Receipt
	ling Address 130 Aspinwall Street			08 01 2008
City Sta	iten Island	State NY	Zip Code 10307	Transaction ID: SA11AI.9328 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	10007	20.00
Am: <u>Cor</u>	ne of Employer algamated Life Insurance npany	Occupatio Corporat		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 320.00	
	Name (Last, First, Middle Initial) k Schwartz			Date of Receipt
Mail	ling Address 130 Aspinwall Street			08 15 2008
City		State	Zip Code	Transaction ID: SA11AI.9329
	ten Island	NY	10307	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		20.00
Am	ne of Employer algamated Life Insurance npanv	Occupatio Corporat		
	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.00	
	Name (Last, First, Middle Initial) k Schwartz			Date of Receipt
Mail	ling Address 130 Aspinwall Street			08 29 2008
City		State	Zip Code	Transaction ID: SA11AI.9355
·	iten Island	NY	10307	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		20.00
Am: <u>Cor</u>	ne of Employer algamated Life Insurance npany	Occupatio Corporat	e ATT.	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
SUBT	OTAL of Receipts This Page (optional)			60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one) X
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compar	ny Political A	ction Committee	
∠ 4.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			09 12 2008
	City States Island	State NY	Zip Code	Transaction ID: SA11AI.9391
	Staten Island FEC ID number of contributing federal political committee.	C	10307	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
_ 3.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			09 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.9392
	Staten Island FEC ID number of contributing federal political committee.	C	10307	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ :	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
	Mailing Address 12 Bev Avenue			07 18 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9290
	Piscataway FEC ID number of contributing federal political committee.	C	08854	Amount of Each Receipt this Period 14.00
	Name of Employer Amalgamated Life Insurance Company	, '	r. Fund & Pool	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)			54.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 35 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	ny Political A	action Committee	
∠ A .	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
	Mailing Address 12 Bev Avenue			08 01 2008
	City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.9330
	FISCALAWAY FEC ID number of contributing federal political committee.	C	08834	Amount of Each Receipt this Period 14.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Di	r. Fund & Pool	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 224.00	
– В.	Full Name (Last, First, Middle Initial) Lee Souksay	Date of Receipt		
	Mailing Address 12 Bev Avenue	0 8 1 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.9331
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		14.00
	Name of Employer Amalgamated Life Insurance Company	1	r. Fund & Pool	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00]
_ С.	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
	Mailing Address 12 Bev Avenue			08 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.9356
	Piscataway FEC ID number of contributing federal political committee.	C	08854	Amount of Each Receipt this Period 14.00
	Name of Employer Amalgamated Life Insurance Company		r. Fund & Pool	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
	SUBTOTAL of Receipts This Page (optional)			42.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 35 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
Amalgamated Life Insurance Comp	any Political Action Committee	
Full Name (Last, First, Middle Initial) Lee Souksay		Date of Receipt
Mailing Address 12 Bev Avenue	0 9 1 2 2 0 0 8	
City Piscataway	State Zip Code NJ 08854	Transaction ID: SA11AI.9393 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	
Full Name (Last, First, Middle Initial) Lee Souksay		Date of Receipt
Mailing Address 12 Bev Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.9395
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliott PA	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.9291
Brooklyn FEC ID number of contributing	NY 11217	Amount of Each Receipt this Period 30.00
federal political committee. Name of Employer	Occupation	
Amalgamated Life Insurance Company Receipt For:	VP Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
SURTOTAL of Receipts This Page (optional)	58.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political Action Committee			
Full Name (Last, First, Middle Initial) Thomas G. Thompson Milliam Address OF Courth Filest DA		Date of Receipt		
Mailing Address 25 South Eliott PA City	State Zip Code	0 7 1 8 2 0 0 8 Transaction ID: SA11AI.9292		
Brooklyn	NY 11217	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.9332		
Brooklyn	NY 11217	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Amalgamated Life Insurance Company	Occupation VP			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) Thomas G. Thompson		Date of Receipt		
Mailing Address 25 South Eliott PA		08 15 2008		
City	State Zip Code	Transaction ID: SA11AI.9333		
Brooklyn	NY 11217	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Amalgamated Life Insurance Company	Occupation VP			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	510.00			
SUBTOTAL of Receipts This Page (optional)	90.00		
TOTAL This Period (last page this line numb	·			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31/35 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA	08 29 2008		
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.9357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.9396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			30.00
Name of Employer Amalgamated Life Insurance Company Occupation VP		n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.9397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]
SUBTOTAL of Receipts This Page (optional	1		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 35 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using t	Statements mand add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political A	ction Committee	
	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.	08 01 2008		
	City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9334 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) David Walsh	Date of Receipt		
	Mailing Address 34 Reservoir Ct.	08 15 2008		
	City	State	Zip Code	Transaction ID: SA11AI.9335
	Carmel NY FEC ID number of contributing federal political committee.		10512	Amount of Each Receipt this Period 120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
_	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			08 29 2008
	City Carmel	State NY	Zip Code	Transaction ID: SA11AI.9358
	FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period 120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1		360.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel FEC ID number of contributing	State Zip Code NY 10512	Transaction ID: SA11AI.9398 Amount of Each Receipt this Period 120.00
Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.9399
<u>Carmel</u>	NY 10512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Amalgamated Life Insurance Com	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet	Date of Receipt	
Mailing Address 49-10 Scarboroug	07 04 2008	
City	State Zip Code	Transaction ID: SA11AI.9293
Freehold FEC ID number of contributing federal political committee.	NJ 07728	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Sr. Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (option	al)	260.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 35 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Con	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarboroug			Date of Receipt 0 7 1 8 2 0 0 8
City Freehold FEC ID number of contributing federal political committee.	State NJ	Zip Code 07728	Transaction ID: SA11AI.9294 Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼		n President • Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarboroug			
City	0 8 0 1 2 0 0 8 Transaction ID: SA11AI.9336		
Freehold	NJ	07728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)		n President e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt
Mailing Address 49-10 Scarborough Street			0 8 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9337
Freehold FEC ID number of contributing federal political committee.	NJ	07728	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	 	n President v Year-to-Date	
Primary General Other (specify) ▼	- igg. ggate	340.00	
SUBTOTAL of Receipts This Page (option	nal)	_	60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 35 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	the name and address of any	political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarborough			Date of Receipt
	08 29 2008		
City <u>Freehold</u>	State Zip Co NJ 07728	ae	Transaction ID: SA11AI.9359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Sr. Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	360.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt
Mailing Address 49-10 Scarborough Street			0 9 1 2 2 0 0 8
City	State Zip Co	de	Transaction ID: SA11AI.9400
Freehold	NJ 07728		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Sr. Vice President	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	380.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt
Mailing Address 49-10 Scarborough Street			09 26 2008
City	State Zip Co	de	Transaction ID: SA11AI.9401
Freehold	NJ 07728		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Sr. Vice President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	400.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		60.00
	- /		