12/03/2008 12:36

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# **FEC**

### REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X 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 333 Westchester Ave ADDRESS (number and street) Check if different Χ than previously White Plains NY 10604 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A 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) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 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) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 04 2008 11 Election on State of 10 16 2008 24 2008 11 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. Michael Hirsch Type or Print Name of Treasurer Electronically Filed by Michael Hirsch 12 03 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)

FE6AN026

Only

### **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 <sup>®</sup> D " D 24 1.0 16 2008 1,1 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 31171.70 Begining of Reporting Period ..... 1523.87 11088.86 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 32695.57 62695.57 6(a) and 6(c) for Column B) ..... 0.00 30000.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 32695.57 32695.57 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

Report Covering the Period:

From:

м м 1 0

<sup>D</sup> 16

2 0 0 8

м м 1 1

D 2 4

<sup>y</sup> 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  (i) Itemized (use Schedule A)	1482.00	6720.00
	(ii) Unitemized	30.00	4196.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1512.00	10916.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1512.00	10916.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	11.87	172.86
8.	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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1523.87	11088.86
	Total Federal Receipts (subtract Line 18(c) from Line 19)	1523.87	11088.86

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	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)  (i) Federal Share	0.00	0.00
	(/	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	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	20000.00
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	0.00	10000.00
	Independent Expenditure (use Schedule E)	0.00	0.00
<u>2</u> 5.	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
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(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)	0.00	
	(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,	0.00	20000.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	30000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	30000.00

### **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)	1512.00	10916.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1512.00	10916.00
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

ITEMIZED	LE A (FEC Form 3X)  D RECEIPTS	tatamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one)    X   11a
or for commerc	condition such Reports and Sicial purposes, other than using the COMMITTEE (In Full) rated Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Nina Chakra Mailing Add  City  New York  FEC ID nur federal polit  Name of Er Amalgamat Company	dress 244 Riverside  The state of contributing the state of contributi	State NY  C Occupatio Executive	e - VP	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Aggregate	e Year-to-Date ▼ 220.00	
B. Nina Chakra Mailing Add  City  New York  FEC ID nur federal polit  Name of Er Amalgamat Company Receipt For	mber of contributing tical committee.  Imployer ted Life Insurance	State NY  C  Occupatio Executive Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  New York  FEC ID nur federal polit  Name of Er Amalgamat Company Receipt For	mber of contributing clical committee.  mployer red Life Insurance	State NY  C Occupatio Executive Aggregate		Date of Receipt    M M M
SUBTOTAL	of Receipts This Page (optional)			30.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one)    X	
Ai	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	y not be sold or used by any pers 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 Compa	any Political A	ction Committee		
	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt	
	Mailing Address 3111 Timothy Road	10 24 2008			
	City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11AI.9433  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	on		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00		
	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.9456	
	Bellmore NY  FEC ID number of contributing federal political committee.		11710	Amount of Each Receipt this Period	
				20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP	on		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_	
	Other (specify) ▼		460.00		
_	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt	
	Mailing Address 3111 Timothy Road			1 1 2 1 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.9457	
	Bellmore NY  FEC ID number of contributing federal political committee.		11710	Amount of Each Receipt this Period  20.00	
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP	on		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00		
Γ	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 8 / 22 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compar	e name and address of any political committee to	on for the purpose of soliciting contributions a 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   660.00	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) 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	State Zip Code NY 11752  C  Occupation Chief Actuary  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  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	State Zip Code NY 11752  C Occupation Chief 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
Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 720.00	90.00

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 9/22   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	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 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) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Stree	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0		
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.9435  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code	Transaction ID: SA11AI.9460
FEC ID number of contributing federal political committee.		19120	Amount of Each Receipt this Period  20.00
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.9461  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation VP	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
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 10 / 22 (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	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael Hirsch  Mailing Address 91 Bradford Lane  City  Plainsboro  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 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date ▼	Date of Receipt  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) Michael Hirsch  Mailing Address 91 Bradford Lane  City Plainsboro  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 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Michael Hirsch  Mailing Address 91 Bradford Lane  City Plainsboro  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 08536  C  Occupation Exec. VP-B  Aggregate Year-to-Date  960.00	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)		120.00

SCHEDULE A (FEC Fori	fo	lse separate schedule(s) or each category of the detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance	using the name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont  City	Avenue  State	Zip Code	1 0 2 4 2 0 0 8  Transaction ID: SA11AI.9438
Bloomfield  FEC ID number of contributing	NJ C	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 F Aggregate Yea		
Full Name (Last, First, Middle Initia Arthur M. Kurek Mailing Address 10 Claremont			Date of Receipt  1 1 0 7 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9466
Bloomfield  FEC ID number of contributing federal political committee.	C	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 F Aggregate Yea		1
Full Name (Last, First, Middle Initia	0 0 0	0 0 0 0 0 0	Date of Receipt
Mailing Address 10 Claremont	Avenue		11 21 2008
City Bloomfield	State NJ	Zip Code 07003	Transaction ID: SA11AI.9467  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 F		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 960.00	
SUBTOTAL of Receipts This Page (	ptional)		120.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one)    X   11a		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any ing the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge		Date of Receipt		
City	State Zip Code	1 0 2 4 2 0 0 8 Transaction ID: SA11AI.9439		
Scarsdale  FEC ID number of contributing federal political committee.	NY 10583	Amount of Each Receipt this Period  20.00		
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation President-AMM  Aggregate Year-to-Date ▼  440.00			
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road	Date of Receipt  1 1 0 7 2 0 0 8		
City	City State Zip Code			
Scarsdale  FEC ID number of contributing federal political committee.	NY 10583	Amount of Each Receipt this Period 20.00		
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	Occupation President-AMM  Aggregate Year-to-Date ▼  460.00			
Other (specify) ▼	400.00			
Claire Levitt-Davis  Mailing Address 84 Boulder Ridge				
City	State Zip Code	1 1 2 1 2 0 0 8 Transaction ID: SA11AI.9469		
Scarsdale  FEC ID number of contributing federal political committee.	NY 10583	Amount of Each Receipt this Period 20.00		
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
SUBTOTAL of Receipts This Page (optic	nal)	60.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/22   (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	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Paul Mallen			Date of Receipt
Mailing Address 34 Michelle Way	10 24 2008		
City Pine Brook	State NJ	Zip Code 07058	Transaction ID: SA11AI.9440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Com	Occupatio CFO	n	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Paul Mallen			Date of Receipt
Mailing Address 34 Michelle Way			1 1 0 7 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.9470
Pine Brook  FEC ID number of contributing federal political committee.	NJ C	07058	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Com	Occupatio CFO	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Paul Mallen			Date of Receipt
Mailing Address 34 Michelle Way			1 1 2 1 2 0 0 8
City Pine Brook	State NJ	Zip Code 07058	Transaction ID: SA11AI.9471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07000	40.00
Name of Employer Amalgamated Life Insurance Com	Occupatio CFO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional	) 		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 22   (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	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 Comp	<u> </u>				
Full Name (Last, First, Middle Initial) Robert McCready			Date of Receipt		
	·				
City	State	Zip Code	10 24 2008  Transaction ID: SA11AI.9442		
Syosset  FEC ID number of contributing federal political committee.	C	11791	Amount of Each Receipt this Period  10.00		
Name of Employer Amalgamated Life Insurance	Occupation AVP-Gro				
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 220.00			
Full Name (Last, First, Middle Initial) Robert McCready			Date of Receipt		
Mailing Address 72 Humphrey Drive			M M / D D / Y Y Y Y Y 1 1 1 0 7 2 0 0 8		
City Syosset	State NY	Zip Code 11791	Transaction ID: SA11AI.9474		
FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance  Occupation AVP-Group Ins.		11791	Amount of Each Receipt this Period  10.00		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 230.00			
Full Name (Last, First, Middle Initial) Robert McCready			Date of Receipt		
Mailing Address 72 Humphrey Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Syosset	State NY	Zip Code	Transaction ID: SA11AI.9475		
FEC ID number of contributing federal political committee.	C	11791	Amount of Each Receipt this Period  10.00		
Name of Employer Amalgamated Life Insurance	Occupation AVP-Gro				
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 240.00			
SUBTOTAL of Receipts This Page (optional	al)		30.00		

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	the name and ad	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) Joel E. Mueller Mailing Address 44 East Madison Av	Date of Receipt		
		ondo		10 24 2008
	City	State	Zip Code	Transaction ID: SA11AI.9443
	Florham Park	NJ	07932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	n Investment	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		220.00	
	Full Name (Last, First, Middle Initial) Joel E. Mueller	Date of Receipt		
	Mailing Address 44 East Madison Avenue			1 1 0 7 2 0 0 8 Transaction ID: SA11AI.9476
	City	•		
	Florham Park	NJ	07932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			10.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	n Investment	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	230.00	
	Full Name (Last, First, Middle Initial) Joel E. Mueller			Date of Receipt
	Mailing Address 44 East Madison Avenue			M M / D D / Y Y Y Y Y 1 1 1 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9477
	Florham Park	NJ	07932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	n Investment	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	
Г	SUBTOTAL of Receipts This Page (optional)			30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 22 (check only one)    X		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) William Porozok  Mailing Address 68 Mitchell Avenue	William Porozok				
City Piscataway FEC ID number of contributing	State NJ	Zip Code 08854	Transaction ID: SA11AI.9444  Amount of Each Receipt this Period  20.00		
Name of Employer Amlagamated Life Insurance Company Receipt For: Primary Other (specify)	Occupation AVP Acc		]		
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue	William Porozok				
City Piscataway FEC ID number of contributing	State NJ	Zip Code 08854	Transaction ID: SA11AI.9478  Amount of Each Receipt this Period  20.00		
Receipt For:  Primary  Other (specify)	Occupation AVP Acc		]		
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue			Date of Receipt		
City Piscataway  FEC ID number of contributing federal political committee.	State NJ	Zip Code 08854	Transaction ID: SA11AI.9479  Amount of Each Receipt this Period  20.00		
Name of Employer Amlagamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation AVP Acc		1		
SUBTOTAL of Receipts This Page (optional	)		60.00		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 22 (check only one)  X 11a
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 persor the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
·	any i onited Action Committee	T
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 1 Y 1 1 D D / Y 2 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9445
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	Occupation	
Company Receipt For:	VP, Finance Reporting  Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
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
City	State Zip Code	1 1 0 7 2 0 0 8 Transaction ID: SA11Al.9480
<u>Paramus</u>	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 ▼ 690.00	
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.9481
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	

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 18/22   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial)  Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Stree	10 24 2008		
City Staten Island	State NY	Zip Code 10307	Transaction ID: SA11AI.9446  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 Corporat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	]
Full Name (Last, First, Middle Initial) Mark Schwartz	<b> </b>		Date of Receipt
Mailing Address 130 Aspinwall Street			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: SA11Al.9482
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporat		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		460.00	
Full Name (Last, First, Middle Initial) Mark Schwartz	Date of Receipt		
Mailing Address 130 Aspinwall Street			11 21 2008
City States Island	State	Zip Code	Transaction ID: SA11AI.9483
Staten Island FEC ID number of contributing	NY	10307	Amount of Each Receipt this Period 20.00
federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporat	e ATT.	
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
Other (specify) ▼	0 0	480.00	
SUBTOTAL of Receipts This Page (optional	)	<b>\</b>	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 19 / 22 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Comp	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lee Souksay  Mailing Address 12 Bev Avenue	Date of Receipt  1 0 2 4 2 0 0 8		
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.9447  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)		r. Fund & Pool e Year-to-Date  308.00	14.00
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue			Date of Receipt  1 1 0 7 2 0 0 8
City	Transaction ID: SA11AI.9484		
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	- + +	r. Fund & Pool	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 322.00	
Full Name (Last, First, Middle Initial) Lee Souksay  Mailing Address 12 Bey Avenue			Date of Receipt
			11 21 2008
City <u>Piscataway</u>	State NJ	Zip Code 08854	Transaction ID: SA11AI.9485
FEC ID number of contributing federal political committee.	C	00034	Amount of Each Receipt this Period  14.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	<del></del>	r. Fund & Pool	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optiona	<b>_</b>		42.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address 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 Co	mpany Political Action Committee	
Full Name (Last, First, Middle Initial) Thomas G. Thompson  Mailing Addresse. OF Court Flight F		Date of Receipt
Mailing Address 25 South Eliott F  City	State Zip Code	1 0 2 4 2 0 0 8  Transaction ID: SA11AI.9448
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	Occupation VP Aggregate Year-to-Date ▼	
Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott F	A	Date of Receipt  1 1 0 7 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9486
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 ▼ 690.00	]
Full Name (Last, First, Middle Initial) Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliott F		111 / 21 / 2008
City	State Zip Code	Transaction ID: SA11AI.9487
Brooklyn  FEC ID number of contributing federal political committee.	NY 11217	Amount of Each Receipt this Period  30.00
Name of Employer Amalgamated Life Insurance Company	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (opti-	onal)	90.00
	umber 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 / 22 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.	Date of Receipt		
City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Com Receipt For:	Occupation Presiden		120.00
Primary General Other (specify) ▼	Aggregate	960.00	
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
City	State	Zip Code	Transaction ID: SA11AI.9488
Carmel NY 108  FEC ID number of contributing federal political committee.		10512	Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com Receipt For:	Occupation Presiden	t	
Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	]
Full Name (Last, First, Middle Initial) David Walsh  Mailing Address 34 Reservoir Ct.			Date of Receipt
Maining Addition 34 Neservoir Ct.	11 21 2008		
City <u>Ca</u> rmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9489
FEC ID number of contributing federal political committee.	C	10312	Amount of Each Receipt this Period  120.00
Name of Employer Amalgamated Life Insurance Com Receipt For:	Occupation Presiden	t	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]
SUBTOTAL of Receipts This Page (optional)	)		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 22 / 22 (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 persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	The state of the s	
Jeffrey Warbet  Mailing Address 49-10 Scarboroug	Date of Receipt  1 0 2 4 2 0 0 8	
City	State Zip Code	Transaction ID: SA11AI.9450
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-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet		Date of Receipt
Mailing Address 49-10 Scarboroug	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.9490
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-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet	Date of Receipt	
Mailing Address 49-10 Scarboroug	1 1 2 1 2 0 0 8	
City	State Zip Code	Transaction ID: SA11AI.9491
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-Date ▼ 480.00	
SURTOTAL of Receipts This Page (option	nal)	60.00

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