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Image# 12961313570

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Use	Only	
1.	NAME (OF ITEE (in full)	TYPE OR	PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	5		
Α	malgar	mated Life Insu	urance C	company	Political A	ction Cor	nmittee				1
ADI	DRESS (r	number and street)	333 Wes	tchester Ave							
ř		eck if different									
ŀ		n previously orted. (ACC)	White PI	ains				NY	10604		
2.	FEC ID	ENTIFICATION NU	JMBER ▼		CITY ▲		S	STATE A	ZII	P COD	Ε Δ
	С	C00369827			3. IS THIS REPORT	\ \ \	NEW N) OR	Al (A	MENDED)		
4.	TYPE (Choose	OF REPORT	(b) Mor Rep		Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	arterly Reports:	Duc		Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	п	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	Ш	Quarterly Report (C	(c)	12-Day		Primary (12F	·)	General	(12G)	F	Runoff (12R)
	Ш	July 15 Quarterly Report (C	Q2)	PRE-Election Report for the		Convention (12C)	Special	(128)		
		October 15 Quarterly Report (C)3)	ricport for ti	nc.	Convention (120)	Орсски	(120)		
		January 31 Year-End Report (Y		E	Election on	M M /	D D /	Y		the tate of	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d)	30-Day POST-Electi		General (300	G)	Runoff (30R)	s	Special (30S)
	П	Termination Report		Report for the	he:	M M /	D D /	Y Y Y Y	in	the	
		(TER)		E	Election on	11	06	2012		tate of	
5.	Covering	g Period 10) 18		012	through	11 __	26	2012	Y	
l ce	ertify that	I have examined th	is Report a	nd to the be	est of my kno	wledge and l	pelief it is true	e, correct an	d complete.		
	-	t Name of Treasure	-								
Qi~	naturo of	Treasurer Mich	ael Hirsch			[Electronically	v Filedl	ate 12	/ D D D 03	/ Y	2012
oigi	nature Of	116asul61				₁ zwen omuun	, <u>, , , , , , , , , , , , , , , , , , </u>	ale 12	00		2012
NO [.]	TE: Subm	ission of false, erron	eous, or inc	omplete inforr	mation may su	ubject the pers	son signing th	is Report to t	he penalties	of 2 U.	S.C. §437g.
		fice							FEC I	ORN	л 3X
		se nly								. 12/200	

FEC Form 3X (Rev. 02/2003	OF RECEIPTS AND DISBURSEMENTS 3)	Page 2
Write or Type Committee Name		
Amalgamated Life Insura	nce Company Political Action Committ	ee
Report Covering the Period: F	rom: 10 18 2012	To: 11 26 / Y 2012
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	2012	37763.10
(b) Cash on Hand at Beginning of Reporting Peri	od 43685.25	
(c) Total Receipts (from Line 1	971.47	7893.62
(d) Subtotal (add Lines 6(b) an 6(c) for Column A and Line 6(a) and 6(c) for Column B	3	45656.72
7. Total Disbursements (from Line	5000.00	6000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39656.72	39656.72
9. Debts and Obligations Owed TC the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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)

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

es (other than loans) From: als/Persons Other colitical Committees dized (use Schedule A)	942.00 18.00 960.00 0.00 0.00 960.00	5746.00 2044.00 7790.00 0.00 7790.00
emized (use Schedule A) emized TAL (add es 11(a)(i) and (ii) Party Committees colitical Committees se PACs) contributions (add Lines et al., (b), and (c)) (Carry et Line 33, page 5) com Affiliated/Other	18.00 960.00 0.00 0.00	2044.00 7790.00 0.00 0.00
emized (use Schedule A) emized AL (add es 11(a)(i) and (ii) Party Committees colitical Committees se PACs) contributions (add Lines end), (b), and (c)) (Carry end) contributions (add Lines end)	18.00 960.00 0.00 0.00	2044.00 7790.00 0.00 0.00
emized TAL (add es 11(a)(i) and (ii) Party Committees Political Committees s PACs) pontributions (add Lines et al., (b), and (c)) (Carry et Line 33, page 5) Tom Affiliated/Other sittees	18.00 960.00 0.00 0.00	2044.00 7790.00 0.00 0.00
Party Committees	960.00 0.00 0.00	7790.00 0.00 0.00 7790.00
Party Committees	0.00	0.00 0.00 7790.00
colitical Committees s PACs) contributions (add Lines s, (b), and (c)) (Carry c Line 33, page 5) com Affiliated/Other sittees	960.00	7790.00
s PACs) ontributions (add Lines a, (b), and (c)) (Carry b Line 33, page 5) om Affiliated/Other iittees	960.00	7790.00
ontributions (add Lines a, (b), and (c)) (Carry b Line 33, page 5) om Affiliated/Other	960.00	7790.00
o, (b), and (c)) (Carry o Line 33, page 5) om Affiliated/Other ittees		
o Line 33, page 5) om Affiliated/Other iittees		
om Affiliated/Other ittees		
ittees	0.00	0.00
-	0.00	
		0.00
eceived	0.00	0.00
eceived		3
ments Received	0.00	0.00
	7 7 7	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	
	0.00	0.00
	0.00	0.00
· ·	11.15	402.02
	11.47	103.62
	200	
cneaule H3)	0.00	0.00
ndo (from Cohodula 115)	0.00	0.00
nds (from Schedule H5)	3.00	0.00
nsfers (add 18(a) and 18(b))	0.00	0.00
	ments Received	Operating Expenditures ebates, etc.) s to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10441 11110 1 01104	Calendar Tear-to-Date
	(i) Federal Share	0.00	0.00
	(i) Tederal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
			0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(7	
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	5000.00	6000.00
	l	7	7 7
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i odorar Gridro		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	(-),(-),(-),(-),	7	7 7
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	6000.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5000.00	6000.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	960.00	7790.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	960.00	7790.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOI	R LINE	NU	IMBER	:	PAGE	6	OF	15
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	13		14		15	16	6	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Amalgamated Life Insurance	Company Political Action Committe	ee
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt
Mailing Address 244 Riverside		10 19 / 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.11370
New York	NY 10025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	Executive - VP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt
Mailing Address 244 Riverside		M = M / D = D / Y = Y = Y
City	Ctoto 7in Code	11 02 2012
City	State Zip Code NY 10025	Transaction ID : SA11AI.11388
New York	NY 10025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	Executive - VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt
Mailing Address 244 Riverside		11 02 2012
City	State Zip Code	Transaction ID : SA11AI.11400
New York	NY 10025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Amalgamated Life Insurance Company	Executive - VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional).		30.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: **PAGE** 7

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	(-	11a 13	one) 11b 14	11c		12 16		17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	purpose	of soliciting	g cor	ntribut	ions	

An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Martin R. Cohen Date of Receipt Mailing Address 63 Jefferson Avenue 2012 10 City State Zip Code Transaction ID: SA11AI.11371 NY Islip Terrace 11752 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Chief Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin R. Cohen Date of Receipt Mailing Address 63 Jefferson Avenue 11 02 2012 City State Zip Code Transaction ID: SA11AI.11389 NY Islip Terrace 11752 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Chief Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Martin R. Cohen Date of Receipt Mailing Address 63 Jefferson Avenue 02 11 2012 City State Zip Code Transaction ID: SA11AI.11401 NY Islip Terrace 11752 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company **Chief Actuary** Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

		NUMBER	l:	PAGE	8	OF	15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for confinercial p	ourposes, ourier triair using the	e name and address of any political committee to	5 SOUCH COMMIDULIONS HOM SUCH COMMITMLEE.
\	MITTEE (In Full) ted Life Insurance C	ompany Political Action Committe	e
A. Michael Hirs	, First, Middle Initial) ch 91 Bradford Lane	State Zip Code	Date of Receipt 10 19 2012 Transaction ID: SA11AI.11377
Plainsboro FEC ID number federal political Name of Employ Amalgamated Li Receipt For: Primary Other (spe	yer fe Insurance Company General	NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼ 840.00	Amount of Each Receipt this Period 40.00
Michael Hirs Mailing Address City Plainsboro FEC ID number federal political Name of Employ	91 Bradford Lane of contributing committee. yer fe Insurance Company General	State Zip Code NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Date of Receipt 11 02 2012 Transaction ID: SA11AI.11395 Amount of Each Receipt this Period 40.00
City Plainsboro FEC ID number federal political	91 Bradford Lane of contributing committee. yer fe Insurance Company General	State Zip Code NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Date of Receipt 11 02 2012 Transaction ID: SA11Al.11407 Amount of Each Receipt this Period 40.00
SUBTOTAL of Re	ceipts This Page (optional)	>	120.00
TOTAL This Perio	d (last page this line number	only)	

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

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	13		14		15	16	6	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee Company Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur M. Kurek	Company Folitical Action Committee	Date of Receipt
Mailing Address 10 Claremont Avenue		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : SA11AI.11372
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Amalgamated Life Insurance Company	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	840.00	
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
City	State Zip Code	11 02 2012
Bloomfield	NJ 07003	Transaction ID : SA11AI.11390 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each neceipt this Fellou
federal political committee.	C	40.00
Name of Employer	Occupation	
Amalgamated Life Insurance Company	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	880.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek	1	Date of Receipt
Mailing Address 10 Claremont Avenue		11 02 2012
City	State Zip Code	Transaction ID : SA11AI.11402
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	_
Amalgamated Life Insurance Company	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	920.00	
SUBTOTAL of Receipts This Page (optional)		120.00
contact the first term of age (optional)		
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 2012 10 City Zip Code State Transaction ID: SA11AI.11378 NY Scarsdale 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation President-AMM Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 11 02 2012 City State Zip Code Transaction ID: SA11AI.11396 Scarsdale NY 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company President-AMM Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Claire Levitt-Davis Date of Receipt Mailing Address 84 Boulder Ridge Road 02 11 2012 City Zip Code State Transaction ID: SA11AI.11408 NY Scarsdale 10583 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation President-AMM Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e 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 C	company Political Action Committe	e			
Full Name (Last, First, Middle Initial) A. Robert McCready Mailing Address 72 Humphrey Drive	Date of Receipt M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y				
City Syosset FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11791 C Occupation AVP-Group Ins. Aggregate Year-to-Date ▼ 210.00	Transaction ID : SA11AI.11373 Amount of Each Receipt this Period 10.00			
Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive City Syosset FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Receipt For: Primary General Other (specify)	State Zip Code NY 11791 C Occupation AVP-Group Ins. Aggregate Year-to-Date ▼	Date of Receipt 11 02 2012 Transaction ID: SA11AI.11391 Amount of Each Receipt this Period 10.00			
Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive City Syosset FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Receipt For: Primary General Other (specify)	State Zip Code NY 11791 C Occupation AVP-Group Ins. Aggregate Year-to-Date ▼	Date of Receipt 11 02 2012 Transaction ID: SA11AI.11403 Amount of Each Receipt this Period			
SUBTOTAL of Receipts This Page (optional)	>	30.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER: PAGE 12 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 2012 10 City State Zip Code Transaction ID: SA11AI.11374 Piscataway NJ 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Name of Employer Occupation Exec. Dir. Fund & Pool Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 294.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 11 02 2012 City State Zip Code Transaction ID: SA11AI.11392 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Exec. Dir. Fund & Pool Receipt For: Aggregate Year-to-Date ▼ Primary General 308.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lee Souksay Date of Receipt Mailing Address 12 Bev Avenue 02 11 2012 City State Zip Code Transaction ID: SA11AI.11404 NJ Piscataway 08854 Amount of Each Receipt this Period FEC ID number of contributing 14.00 С federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company Exec. Dir. Fund & Pool Receipt For: Aggregate Year-to-Date ▼ Primary General 322.00 Other (specify) 42.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 13 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 2012 10 City State Zip Code Transaction ID: SA11AI.11375 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VΡ Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 11 02 2012 City State Zip Code Transaction ID: SA11AI.11393 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Amalgamated Life Insurance Company VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 02 11 2012 City State Zip Code Transaction ID: SA11AI.11405 NY Brooklyn 11217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ Amalgamated Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	the name and address of any political committee t					
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance	Company Political Action Committee	ee				
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct. City	Date of Receipt 10 19 2012					
Carmel	State Zip Code NY 10512	Transaction ID : SA11AI.11376				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period				
Amalgamated Life Insurance Com	President					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00					
Full Name (Last, First, Middle Initial) 3. David Walsh	Date of Receipt					
Mailing Address 34 Reservoir Ct. City	11 02 2012 Transaction ID : SA11AI.11394					
Carmel FEC ID number of contributing federal political committee.	NY 10512	Amount of Each Receipt this Period				
Name of Employer Amalgamated Life Insurance Com	Occupation President					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2640.00					
Full Name (Last, First, Middle Initial) C. David Walsh		Date of Receipt				
Mailing Address 34 Reservoir Ct.						
City Carmel	State Zip Code NY 10512	11 02 2012 Transaction ID : SA11AI.11406 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	120.00				
Name of Employer	-					
Amalgamated Life Insurance Com Receipt For:	Occupation President	_				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2760.00					
SUBTOTAL of Receipts This Page (optional)	·	360.00				
	per only)	942.00				

SCHEDULE B (FEC Form 3X)		T FOR ! !!!	NUMBER. DAGE 15 OF 15				
•	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 15 (check only one)					
TEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c X 29 30k				
Any information copied from such Denosts and Ctata	nonte may not be sald as						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	and a second or any pointed		22 22 22 22 22 22 22 22 22 22 22 22 22				
Amalgamated Life Insurance Comp	any Political Action	Committee	2				
/ Amaigamated Life insurance Comp	any Fullical Action	Committee	-				
Full Name (Last, First, Middle Initial)							
^{A.} No on 32	Date of Disbursement						
M 92 A 11			M M / D D / Y Y Y Y				
Mailing Address 555 Capitol Mall, Suite 1425			10 31 2012				
City	State Zip Code						
Sacramento	CA 95814		Transaction ID : SB29.11409				
Purpose of Disbursement	00017						
·			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type	5000.00				
Office Sought: House Disbursen							
	Primary General						
	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Dishuranest				
3.		Date of Disbursement					
Mailing Address		M M / D D / Y Y Y Y					
Mailing Address							
City	State Zip Code						
	· 						
Purpose of Disbursement							
Candidata Nava			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Office Sought: House Disbursen	ent For:	Туре					
	Primary General						
	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
).		Date of Disbursement					
	M M / D D / Y Y Y Y						
Mailing Address							
City	City State Zip Code						
•	Olate Zip Oode						
Purpose of Disbursement	Purpose of Disbursement						
		Amount of Each Disbursement this Period					
Candidate Name		Category/					
Office Cought:	ant Fam	Туре					
Office Sought: House Disbursen							
	Primary General Other (specify) ▼						
State: District:	omer (specify)						
State. Diguiet.							
SUPTOTAL of Dichurcoments This Boss (antional)			5000.00				
SUBTOTAL of Disbursements This Page (optional)		······					
TOTAL This Period (last page this line number only).			5000.00				