

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

333 Westchester Ave

☐ Check if different than previously reported. (ACC)

White Plains

NY

10604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00369827

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

18

2012

through

M M M / D D D / Y Y Y Y Y Y

11

26

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Hirsch

Signature of Treasurer

Michael Hirsch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

03

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 18 2012

To:

 M M / D D / Y Y Y Y Y
 11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		37763.10
(b) Cash on Hand at Beginning of Reporting Period.....	43685.25	
(c) Total Receipts (from Line 19)	971.47	7893.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44656.72	45656.72
7. Total Disbursements (from Line 31)	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 18 2012

To:

M M / D D / Y Y Y Y Y
11 26 2012

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).....

942.00

5746.00

(ii) Unitemized

18.00

2044.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

960.00

7790.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

960.00

7790.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

11.47

103.62

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

971.47

7893.62

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

971.47

7893.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	6000.00
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	960.00	7790.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	960.00	7790.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.11370

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11388

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Nina Chakraborty

Mailing Address 244 Riverside

City State Zip Code
New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11400

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.11371

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.11389

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City State Zip Code
 Islip Terrace NY 11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amalgamated Life Insurance Company

Occupation
 Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.11401

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.11377

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11395

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11407

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.11372

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11390

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11402

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.11378

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11396

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11408

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.11373

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11391

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11403

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.11374

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11392

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. Lee Souksay

Mailing Address 12 Bev Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Company

Occupation
Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11404

Amount of Each Receipt this Period

14.00

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

42.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.11375

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11393

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amalgamated Life Insurance Company

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.11405

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.11376

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11394

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Walsh

Mailing Address 34 Reservoir Ct.

City State Zip Code
Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance Com

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2760.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.11406

Amount of Each Receipt this Period

120.00

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

360.00

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

942.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. No on 32

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : SB29.11409

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00
