01/26/2011 11:03

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 333 Westchester Ave ADDRESS (number and street) Check if different 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 (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 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 0 1 26 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2/21 Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee " D 2010 11 23 2010 12 31 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 41505.85 January 1 (b) Cash on Hand at 25784.35 Begining of Reporting Period 1366.98 11861.24 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 27151.33 53367.09 6(a) and 6(c) for Column B) 0.00 26215.76 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 27151.33 27151.33 (subtract Line 7 from Line 6(d)) 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) 3 / 21

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1332.00	8458.00
	(ii) Unitemized	18.00	3259.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	1350.00	11717.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1350.00	11717.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	16.98	144.24
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1366.98	11861.24
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	1366.98	11861.24

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	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
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	26195.56
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
:6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	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
9.	Other Disbursements	0.00	20.20
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	26215.76
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0.00	00015.70
	from Line 31)	0.00	26215.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 21

	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)	1350.00	11717.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1350.00	11717.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions	
Amalgamated Life Insurance Compa	any Political Action Committee		
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt	
Mailing Address 244 Riverside		12 03 7 2010	
City New York	State Zip Code NY 10025	Transaction ID: SA11AI.10584 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 Executive - VP		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt	
Mailing Address 244 Riverside	iling Address 244 Riverside		
City	State Zip Code	Transaction ID: SA11AI.10603	
New York	NY 10025	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 Executive - VP		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify)	250.00		
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt	
Mailing Address 244 Riverside		12 31 2010	
City New York	State Zip Code NY 10025	Transaction ID: SA11AI.10621 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 Executive - VP		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
SUBTOTAL of Receipts This Page (optional)		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 7/21 (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 person 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) Martin R. Cohen			Date of Receipt			
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.10585 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		30.00			
Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Ac					
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 720.00				
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt			
Mailing Address 63 Jefferson Avenue	Э	12 17 2010				
City	State	Zip Code	Transaction ID: SA11AI.10604			
Islip Terrace FEC ID number of contributing federal political committee.	C	11752	Amount of Each Receipt this Period 30.00			
Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Act					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt			
Mailing Address 63 Jefferson Avenue	Э		1 2 3 1 2 0 1 0			
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.10622 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	11702	30.00			
Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Act	tuary				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00				
SUBTOTAL of Receipts This Page (optional	\		90.00			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compar	ny Political Action Committee	
	Full Name (Last, First, Middle Initial) Patrick J. Coughlan		Date of Receipt
	Mailing Address 5933 Palmetto Street		12 / 03 / 2010
	City <u>Philadelphia</u>	State Zip Code PA 19120	Transaction ID: SA11AI.10586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) Patrick J. Coughlan		Date of Receipt
	Mailing Address 5933 Palmetto Street	12 17 2010	
	City	State Zip Code PA 19120	Transaction ID: SA11AI.10605
	Philadelphia FEC ID number of contributing federal political committee.	PA 19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Patrick J. Coughlan	1	Date of Receipt
	Mailing Address 5933 Palmetto Street		12 31 2010
	City	State Zip Code	Transaction ID: SA11AI.10623
	Philadelphia FEC ID number of contributing federal political committee.	PA 19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .		60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) X
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	ny Political A	ction Committee	
۷.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane	Otata	7's Oads	12 03 2010
	City <u>Plainsboro</u>	State NJ	Zip Code 08536	Transaction ID: SA11AI.10598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 960.00	
- 3.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane			12 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.10616
	Plainsboro FEC ID number of contributing federal political committee.	C	08536	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane			1 2 3 1 Y Y Y Y Y Y
	City <u>Plainsboro</u>	State NJ	Zip Code 08536	Transaction ID: SA11AI.10634 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF	P-B	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1040.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Amalgamated Life Insurance Compar	ny Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue			12 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.10587
	Bloomfield FEC ID number of contributing	NJ	07003	Amount of Each Receipt this Period
	federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	on lice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	
. –	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue	12 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.10606
	Bloomfield	NJ	07003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	on ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue			1 2 3 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.10624
	Bloomfield	NJ	07003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	on lice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1040.00	
Γ		1		120.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using t	d Statements ma the name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Ro	oad		12 03 2010
	City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10599 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President	nt-AMM	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Road			12 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.10617
	Scarsdale NY FEC ID number of contributing federal political committee. C		10583	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Ro	oad		12 31 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.10635
	Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President	nt-AMM	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
	SUBTOTAL of Receipts This Page (optional)			60.00

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	24-4	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (check only one) X 11a
OI	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compar	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Paul Mallen Mailing Address 34 Michelle Way City Pine Brook FEC ID number of contributing federal political committee.	State NJ	Zip Code 07058	Date of Receipt 1 2 0 3 2 0 1 0 Transaction ID: SA11AI.10588 Amount of Each Receipt this Period 30.00
	Name of Employer Amalgamated Life Insurance Com Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio CFO Aggregate	e Year-to-Date ▼ 210.00	
В.	Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive			Date of Receipt 1 2 0 3 2 0 1 0
	Syosset FEC ID number of contributing federal political committee.	State NY	Zip Code 11791	Transaction ID: SA11AI.10589 Amount of Each Receipt this Period 10.00
	Name of Employer Amalgamated Life Insurance Receipt For: Primary General Other (specify)	Occupatio AVP-Gro Aggregate		
С.	Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive			Date of Receipt 1 2 1 7 2 0 1 0
	City Syosset FEC ID number of contributing	State NY	Zip Code 11791	Transaction ID: SA11AI.10607 Amount of Each Receipt this Period 10.00
	Federal political committee. Name of Employer Amalgamated Life Insurance	Occupatio AVP-Gro		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)			50.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 21 (check only one) X
or 1	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) 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 NY C Occupation AVP-Gro Aggregate		Date of Receipt M M M
3.	Full Name (Last, First, Middle Initial) Joel E. Mueller Mailing Address 44 East Madison Aven City Florham Park FEC ID number of contributing federal political committee. Name of Employer	State NJ C Occupatio	Zip Code 07932	Date of Receipt M M
 C.	Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joel E. Mueller Mailing Address 44 East Madison Aven	Aggregate	Investment • Year-to-Date ▼ 240.00	Date of Receipt
	City Florham Park FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)		Zip Code 07932 In Investment e Year-to-Date 250.00	Transaction ID: SA11AI.10608 Amount of Each Receipt this Period 10.00
SI	JBTOTAL of Receipts This Page (optional))	30.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 21 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Joel E. Mueller			Date of Receipt	
Mailing Address 44 East Madison A City Florham Park	State NJ	Zip Code 07932	Transaction ID: SA11AI.10626 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		10.00	
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼		n Investment Year-to-Date 260.00		
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue	9		Date of Receipt 1 2 0 3 2 0 1 0	
City	City State Zip Code			
Piscataway	NJ	08854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc	ounting		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00		
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt	
Mailing Address 68 Mitchell Avenue	9		12 17 2010	
City	State	Zip Code	Transaction ID: SA11AI.10609	
Piscataway FEC ID number of contributing federal political committee.	NJ C	08854	Amount of Each Receipt this Period 20.00	
Name of Employer Amlagamated Life Insurance Company Receipt For:	Occupation AVP Acc	ounting		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (option	al)		50.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 21 (check only one) X	
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to		
Amalgamated Life Insurance Comp	pany Political Action Committee		
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue		Date of Receipt	
City	State Zip Code	1 2 3 1 2 0 1 0 Transaction ID: SA11AI.10627	
<u>Piscataway</u>	NJ 08854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Accounting		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 520.00]	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt	
Mailing Address 117 Burke Place			
City	State Zip Code	Transaction ID: SA11AI.10592	
<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 ▼ 720.00]	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt	
Mailing Address 117 Burke Place		12 17 2010	
City	State Zip Code	Transaction ID: SA11AI.10610	
Paramus FEC ID number of contributing federal political committee.	NJ 07652	Amount of Each Receipt this Period 30.00	
Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finance Reporting		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optiona)	80.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an 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 perso the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NJ 07652 C Occupation VP, Finance Reporting Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Stree City Staten Island 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 10307 C Occupation Corporate ATT. Aggregate Year-to-Date 480.00	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) Mark Schwartz Mailing Address 130 Aspinwall Stree City Staten Island 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 10307 C Occupation Corporate ATT. Aggregate Year-to-Date 500.00	Date of Receipt 12 17 2010 Transaction ID: SA11AI.10611 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional) >	70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compared	e name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island 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 10307 C Occupation Corporate ATT. Aggregate Year-to-Date ▼ 520.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City Piscataway 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 08854 C Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date 336.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City Piscataway 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 08854 C Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date 350.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		48.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/21 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa		· ·	
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue	12 31 2010		
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.10630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance Company Receipt For:		n r. Fund & Pool e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	364.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			M M / D D / Y Y Y Y Y 1 2 0 3 2 0 1 0
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.10595
FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupatio VP	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			M M / D D / Y Y Y Y Y Y Y 12 17 2010
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.10613
FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupatio VP	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional)			74.00

Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Composite Insurance Composite Insurance Composite Insurance Composite Insurance Insuranc	State Zip Code NY 11217 C Occupation VP Aggregate Year-to-Date 780.00	Date of Receipt Date of Receipt		
Amalgamated Life Insurance Comp. Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	State Zip Code NY 11217 C Occupation VP Aggregate Year-to-Date ▼	Transaction ID: SA11AI.10631 Amount of Each Receipt this Period		
A. Thomas G. Thompson Mailing Address 25 South Eliott PA City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	NY 11217 C Occupation VP Aggregate Year-to-Date ▼ 780.00	Transaction ID: SA11AI.10631 Amount of Each Receipt this Period		
City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	NY 11217 C Occupation VP Aggregate Year-to-Date ▼ 780.00	Transaction ID: SA11AI.10631 Amount of Each Receipt this Period		
Brooklyn FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	NY 11217 C Occupation VP Aggregate Year-to-Date ▼ 780.00	Amount of Each Receipt this Period		
federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	Occupation VP Aggregate Year-to-Date ▼ 780.00			
Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	VP Aggregate Year-to-Date ▼ 780.00			
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	780.00			
Mailing Address 20 Old Barn Road				
	Full Name (Last, First, Middle Initial)			
City	Mailing Address 20 Old Barn Road			
•	State Zip Code	Transaction ID: SA11AI.10596		
Fairfield FEC ID number of contributing federal political committee.	CT 06824-3845	Amount of Each Receipt this Period 20.00		
Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sales & Marketing			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) John Thornton	, , , ,			
Mailing Address 20 Old Barn Road	Mailing Address 20 Old Barn Road			
City Fairfield	State Zip Code CT 06824-3845	Transaction ID: SA11AI.10614		
FEC ID number of contributing federal political committee.	C 00024-3043	Amount of Each Receipt this Period 20.00		
Name of Employer Amalgamated Life Insurance Co	Occupation EVP, Sales & Marketing			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional	1	70.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 21 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements made and add	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 Compar	ny Political A	ction Committee	
۱.	Full Name (Last, First, Middle Initial) John Thornton Mailing Address 20 Old Barn Road	Date of Receipt		
				12 31 2010
	City Fairfield	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10632 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance Co	Occupatio EVP, Sa	n les & Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
. –	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			12 03 2010
	City Carmel	State NY	Zip Code	Transaction ID: SA11AI.10597
	FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period 120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2880.00	
_	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			12 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.10615
	Carmel FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period 120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)	1		260.00

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 21 / 21		
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
\rangle	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	ction Committee		
	Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct. City	State	Zip Code	Date of Receipt 1 2 3 1 2 0 1 0 Transaction ID: SA11AI.10633	
	Carmel FEC ID number of contributing federal political committee. Name of Employer	C Occupation	10512	Amount of Each Receipt this Period 120.00	
	Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	Presiden Aggregate	t Year-to-Date ▼ 3120.00		

SUBTOTAL of Receipts This Page (optional)	•	120.00
TOTAL This Period (last page this line number only)	•	1332.00