12/01/2010 09:03

Image# 10992273720

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL Example over the	e:If typing, type lines	
	Amalgamated Life Insurance	Company Political Action Committee		
AD	DRESS (number and street)	333 Westchester Ave		
	Check if different than previously reported. (ACC)	White Plains	NY L	10604
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ▲	STATE. ▲	ZIPCODE 🛕
	C00369827	3. IS THIS REPORT	X NEW OR AME	NDED
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2)	May 20 (M5) Aug 20	Year Only)
	(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6) Sep 20	D (M9) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(0	Apr 20 (M4)	Jul 20 (M7) Oct 20	0 (M10) Jan 31 (YE)
	July 15 Quarterly Report(C	(c) 12-Day Prin	nary (12P) General (12	PG) Runoff (12R)
	October 15 Quarterly Report(0	Report for the: Cor	ovention (12C) Special (12	S)
	January 31 Quarterly Report(Y			in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)		neral (30G) Runoff (30F	Special (30S)
	Termination Repor (TER)	t '	2010	in the State of
5.	Covering Period 1	14 2010	through 11 22	2010
l ce	ertify that I have examined this	Report and to the best of my knowledge and I	pelief it is true, correct and complete.	
Тур	oe or Print Name of Treasurer	Michael Hirsch		
Sig	nature of Treasurer Electro	nically Filed by Michael Hirsch	Date 12	01 2010
NO	DTE : Submission of false, erro	neous, or incomplete information may subject	t the person signing this Report to the p	enalties of 2 U.S.C 437g.
	Office Use Only			FEC FORM 3X (Rev. 12/2004)
	CANIOSE			

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2 / 20 Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee D D 1 0 14 2010 22 2010 11 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 24343.01 Begining of Reporting Period 1441.54 10494.26 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 25784.55 52000.11 6(a) and 6(c) for Column B) 0.20 26215.76 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25784.35 25784.35 (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) 3 / 20

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

м м 1 0 ^D 14

Y Y W Y 2 0 1 0

то.

м м 1 1 D D 22

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1302.00	7126.00
(ii) Unitemized	128.00	3241.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1430.00	10367.00
(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)	1430.00	10367.00
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)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	11.54	127.26
3. 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))	1441.54	10494.26
Total Federal Receipts (subtract Line 18(c) from Line 19)	1441.54	10494.26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 20

	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
	(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
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	26195.56
	Independent Expenditure (use Schedule E)	0.00	0.00
<i>J</i> .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	(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
9.	Other Disbursements	0.20	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.20	26215.76
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.20	26215.76

DETAILED SUMMARY PAGE

of Disbursements

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)	1430.00	10367.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1430.00	10367.00	
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 / 20 (check only one) X		
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMUTATES (4.5.1)	Statements ma ne name and ad	y not be sold or used by any person 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 Company Political Action Committee				
Α.	Full Name (Last, First, Middle Initial) Nina Chakraborty	Date of Receipt				
	Mailing Address 244 Riverside	Otata	7'- 0-1-	10 22 2010		
	City New York	State NY	Zip Code 10025	Transaction ID: SA11AI.10526 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 Executiv				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00			
— В.	Full Name (Last, First, Middle Initial) Nina Chakraborty	Date of Receipt				
	Mailing Address 244 Riverside	1 1 0 2 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.10545		
	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 Executiv				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		220.00			
_ C.	Full Name (Last, First, Middle Initial) Nina Chakraborty			Date of Receipt		
	Mailing Address 244 Riverside	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.10564		
	New York FEC ID number of contributing federal political committee.	C	10025	Amount of Each Receipt this Period 10.00		
	Name of Employer Amalgamated Life Insurance Company	Occupation Executiv				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00			
	SUBTOTAL of Receipts This Page (optional)			30.00		
上	TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20 (check only one) X
An	y information copied from such Reports and S 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 of solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	ly Political A	ction Committee	
۱.	Martin R. Cohen Mailing Address 63 Jefferson Avenue	Date of Receipt		
	City	State	Zip Code	1 0 2 2 2 1 0 1 0 Transaction ID: SA11AI.10527
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Ac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
 3.	Full Name (Last, First, Middle Initial) Martin R. Cohen	Date of Receipt		
	Mailing Address 63 Jefferson Avenue	11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.10546
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Ac		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 660.00	
_	Full Name (Last, First, Middle Initial) Martin R. Cohen	Date of Receipt		
	Mailing Address 63 Jefferson Avenue	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
	City	State	Zip Code	Transaction ID: SA11AI.10565
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Chief Ac	tuary	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 690.00	
	UBTOTAL of Receipts This Page (optional) .			90.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
N	or 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	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.10528 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13120	20.00
	Name of Employer	Occupation	on	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
В.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street	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	State	Zip Code	Transaction ID: SA11AI.10547
	Philadelphia FEC ID number of contributing federal political committee.	PA C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
С.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street	ı		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10566
	Philadelphia FEC ID number of contributing federal political committee.	PA C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	
	SUBTOTAL of Receipts This Page (optional) .	1		60.00
Ì	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 9 / 20 (check only one) X 11a		
Any information copied from such Reports an or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political A	ction Committee			
Full Name (Last, First, Middle Initial) Michael Hirsch	Date of Receipt				
Mailing Address 91 Bradford Lane	10 22 2010				
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10540 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. VP				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00			
Full Name (Last, First, Middle Initial) Michael Hirsch	Date of Receipt				
Mailing Address 91 Bradford Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10559		
FEC ID number of contributing federal political committee.		00000	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 ▼ 880.00			
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt		
Mailing Address 91 Bradford Lane	11 19 2010				
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10578 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	9-В			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 920.00			
SUBTOTAL of Receipts This Page (optiona	I		120.00		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one) X 11a			
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to ompany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Av					
City Bloomfield FEC ID number of contributing	State Zip Code NJ 07003	Transaction ID: SA11AI.10529 Amount of Each Receipt this Period			
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation Senior Vice President Aggregate Year-to-Date 840.00	40.00			
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Av	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y				
City	Transaction ID: SA11AI.10548				
Bloomfield	NJ 07003	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00]			
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Av	Date of Receipt				
	11 1 19 2010				
City Bloomfield	State Zip Code NJ 07003	Transaction ID: SA11AI.10567			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00			
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation Senior Vice President				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00				
SUBTOTAL of Receipts This Page (opt	ional)	120.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports ar or for commercial purposes, other than using	uny information copied from such Reports and Statements may not be sold or used by any person refor commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	<u> </u>				
Full Name (Last, First, Middle Initial) Claire Levitt-Davis	Date of Receipt				
Mailing Address 84 Boulder Ridge F	10 22 2010				
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10541 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 Presiden				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]		
Full Name (Last, First, Middle Initial) Claire Levitt-Davis	<u> </u>		Date of Receipt		
Mailing Address 84 Boulder Ridge F	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.10560		
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 Presiden				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00]		
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt		
Mailing Address 84 Boulder Ridge Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Scarsdale	State Zi		Transaction ID: SA11AI.10579 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	10583	20.00		
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden	t-AMM			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00			
SUBTOTAL of Receipts This Page (optional			60.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 12 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa			on for the purpose of soliciting contributions 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)			Date of Receipt M M M / D D / Y Y Y Y Y 1 0
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)			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) 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)			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)			30.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16			
or for commercial purposes, other than usi	and Statements may not be sold or used by any part 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) Joel E. Mueller Mailing Address 44 East Madison City	Joel E. Mueller Mailing Address 44 East Madison Avenue				
Florham Park FEC ID number of contributing federal political committee.	NJ 07932	Amount of Each Receipt this Period 10.00			
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Director Investment Aggregate Year-to-Date ▼ 210.00				
Full Name (Last, First, Middle Initial) Joel E. Mueller Mailing Address 44 East Madison	Date of Receipt 1 1 0 2 7 2 0 1 0				
City	Transaction ID: SA11AI.10551				
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 Receipt For:	Occupation Director Investment				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00				
Full Name (Last, First, Middle Initial) Joel E. Mueller					
Mailing Address 44 East Madison	Avenue	11 1 19 2010			
City	State Zip Code	Transaction ID: SA11AI.10570			
Florham Park FEC ID number of contributing federal political committee.	NJ 07932	Amount of Each Receipt this Period 10.00			
Name of Employer Amalgamated Life Insurance Company	Occupation Director Investment				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00				
SUBTOTAL of Receipts This Page (optic	nal)	30.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 20 (check only one) X 11a
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 persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	<u> </u>	•	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			10 22 2010
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.10533 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		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.10552 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.10571 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	20.00
Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc	ounting	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This Page (optional	I SI)		60.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports a	and Statements may not be sold or used by any	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to to constructions from cuch committee.
Amalgamated Life Insurance Com	pany Political Action Committee	
Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
Mailing Address 117 Burke Place		10 22 2010
City	State Zip Code	Transaction ID: SA11Al.10534
<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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	630.00	0 0
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 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State Zip Code	Transaction ID: SA11AI.10553
<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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
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.10572
<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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
		90.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persod 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 Company	y Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street City	State	Zip Code	10 22 2010 Transaction ID: SA11AI.10535
	Staten Island	NY	10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat	e ATT.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
- В.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			11 02 2010
	City	State	Zip Code	Transaction ID: SA11AI.10554
	Staten Island	NY	10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
- C.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			11 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.10573
	Staten Island FEC ID number of contributing federal political committee.	C	10307	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 460.00	1
Γ		0 0	0 0 0 0 0 0	
	SUBTOTAL of Receipts This Page (optional))	60.00
	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 17 / 20 (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	d Statements may not be sold or used by any personant the name and address of any political committee to any Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue	Otata Zin Onda	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 Piscataway FEC ID number of contributing federal political committee.	State Zip Code NJ 08854	Transaction ID: SA11AI.10536 Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date 294.00	
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Piscataway FEC ID number of contributing	State Zip Code NJ 08854	Transaction ID: SA11AI.10555 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date 308.00	14.00
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Piscataway FEC ID number of contributing federal political committee.	State Zip Code NJ 08854	Transaction ID: SA11AI.10574 Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date ▼ 322.00	
SUBTOTAL of Receipts This Page (optional)	42.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 20 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA			Date of Receipt
City Brooklyn FEC ID number of contributing	State NY	Zip Code 11217	Transaction ID: SA11AI.10537 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify)	Occupation VP	Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Brooklyn FEC ID number of contributing federal political committee.	State NY	Zip Code 11217	Transaction ID: SA11AI.10556 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA			Date of Receipt
City Brooklyn FEC ID number of contributing federal political committee.	State NY	Zip Code 11217	Transaction ID: SA11AI.10575 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 690.00	
SUBTOTAL of Receipts This Page (optional	 (ls	······························	90.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 20 (check only one)
Any information copied from such Reports at 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
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	<u> </u>		
Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
Mailing Address 20 Old Barn Road			10 22 2010
City Fairfield	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10538 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, Sal	n les & Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
Mailing Address 20 Old Barn Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CT	Zip Code	Transaction ID: SA11AI.10557
Fairfield FEC ID number of contributing federal political committee.	C	06824-3845	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Co	Occupatio EVP, Sal	n les & Marketing	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
Mailing Address 20 Old Barn Road			1 1 1 9 2 0 1 0
City Fairfield	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00024-3043	20.00
Name of Employer Amalgamated Life Insurance Co		les & Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This Page (optional	-1		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 20 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	d Statements may not be sold or used by any person the name and address of any political committee to many Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.		Date of Receipt 1 0 2 2 2 2 0 1 0
City Carmel FEC ID number of contributing	State Zip Code NY 10512	Transaction ID: SA11AI.10539 Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date ▼ 2520.00	
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel FEC ID number of contributing	State Zip Code NY 10512	Transaction ID: SA11AI.10558 Amount of Each Receipt this Period 120.00
federal political committee. Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 2640.00	
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.		Date of Receipt 1 1 1 9 2 0 1 0
City Carmel FEC ID number of contributing federal political committee.	State Zip Code NY 10512	Transaction ID: SA11AI.10577 Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date 2760.00	
SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line num	ber only)	1302.00