

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 Ellen Dunkin


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

| L | $\begin{aligned} & \text { Office } \\ & \text { Use } \\ & \text { Only } \end{aligned}$ |  |  |  |  |  |  |  | FEC FORM 3X <br> Rev. 12/2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)

## Write or Type Committee Name <br> Amalgamated Life Insurance Company Political Action Committee



| COLUMN A | COLUMN B |
| :---: | :---: |
| This Period | Calendar Year-to-Date |

6. (a) Cash on Hand January 1,

| Y/rur |
| :---: |
| 2013 |

(b) Cash on Hand at

Beginning of Reporting Period. $\qquad$

(c) Total Receipts (from Line 19) $\qquad$

$\square \quad 3688.60$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
44325.02
44325.02
7. Total Disbursements (from Line 31) $\qquad$




9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

## Write or Type Committee Name

## Amalgamated Life Insurance Company Political Action Committee


11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)............

|  | 1570.00 |
| :---: | :---: |
|  | 356.00 |
|  | 1926.00 |
|  | 0.00 |
|  | 0.00 |


|  | 2210.00 |
| :---: | :---: |
|  | 1436.00 |
|  | ,$\quad 3646.00$ |
|  | 0.00 |
|  | ,$\quad 0.00$ |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$

|  | 1926.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


|  | 3646.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
0.00

|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 42.60 |



|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |

19. Total Receipts (add Lines 11(d),
$12,13,14,15,16,17$, and 18(c)) ......... $\square$
$\square \quad 3688.60$
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\downarrow$

$\square \quad 3688.60$

FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs)..
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........
29. Other Disbursements $\qquad$

|  | 0.00 |
| :---: | :---: |
| $, \quad, 0.00$ |  |


|  | 0.00 |
| :---: | :---: |
|  | 0.00 |

30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
.... $\downarrow$

|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | , 0.00 |
|  | 0.00 |


|  | 0.00 |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |
|  | , 0.00 |

31. Total Disbursements (add Lines 21 (c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)...........................................


DETAILED SUMMARY PAGE
of Disbursements

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

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ......
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


## 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 16 (check only one)


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) <br> A. Martin R. Cohen |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 63 Jefferson Avenue |  | M-M , D D , Y—YMry |
| City | State Zip Code | Transaction ID : SA11Al. 11527 |
| Islip Terrace | NY 11752 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $30.00$ |
| Name of Employer | Occupation |  |
| Amalgamated Life Insurance Company | Chief Actuary |  |
|  | Aggregate Year-to-Date $\square$ <br> 210.00 |  |

Full Name (Last, First, Middle Initial)
B. Martin R. Cohen

Mailing Address 63 Jefferson Avenue

| City <br> Islip Terrace | State | Zip Code |
| :--- | :--- | :--- |
| NY |  |  |$\quad 11752$.

Date of Receipt


Transaction ID : SA11AI. 11538
Amount of Each Receipt this Period


Date of Receipt

| Mailing Address 63 Jefferson Avenue |  |
| :---: | :---: |
| City <br> Islip Terrace | State Zip Code <br> NY 11752 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation Chief Actuary |
|  | Aggregate Year-to-Date |


| 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: $\quad$ PAGE 7 OF 16 (check only one)


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) <br> A. Martin R. Cohen |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 63 Jefferson Avenue |  |  |
| City | State Zip Code | Transaction ID : SA11AI. 11560 |
| Islip Terrace | NY 11752 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $30.00$ |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation Chief Actuary |  |
|  | Aggregate Year-to-Date $\square$ |  |


| 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 <br> Amalgamated Life Insurance Company | Occupation Chief Actuary |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 11571
Amount of Each Receipt this Period


Date of Receipt

| Mailing Address 63 Jefferson Avenue |  |
| :---: | :---: |
| City Islip Terrace | State Zip Code <br> NY 11752 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation Chief Actuary |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |


| 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: PAGE 8 OF 16 (check only one)


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) <br> A. Martin R. Cohen |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 63 Jefferson Avenue |  |  |
| City | State Zip Code |  |
| Islip Terrace | NY 11752 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $30.00$ |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation Chief Actuary |  |
|  | Aggregate Year-to-Date $\square$ |  |

## Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

| Mailing Address 10 Claremont Avenue |  |
| :---: | :---: |
| City | State Zip Code |
| Bloomfield | NJ 07003 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation <br> Senior Vice President |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ <br> 280.00 |

Date of Receipt


Transaction ID : SA11AI. 11528
Amount of Each Receipt this Period
$\square 40.00$

Full Name (Last, First, Middle Initial)
C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

| City <br> Bloomfield | State <br> NJ |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | Zip Code <br> 07003 |
| Name of Employer | C |
| Amalgamated Life Insurance Company | Occupation <br> Senior Vice President |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ General | Aggregate Year-to-Date $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : SA11AI. 11539
Amount of Each Receipt this Period
$\square 40.00$

| $\square$ | 110.00 |
| :--- | :--- | :--- |

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

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

FOR LINE NUMBER: $\quad$ PAGE 9 OF 16 (check only one)


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)

| Mailing Address 10 Claremont Avenue |  |
| :---: | :---: |
| City Bloomfield | State Zip Code <br> NJ 07003 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation <br> Senior Vice President |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 11550
Amount of Each Receipt this Period
$\square \quad 40.00$

Date of Receipt
B. $\frac{\text { Arthur M. Kurek }}{\text { Mailing Address } 10 \text { Claremont Avenue }}$



Transaction ID : SA11AI. 11561
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)


Date of Receipt

| $05$ | 31 | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 11572
Amount of Each Receipt this Period
$\square 40.00$
$0,120.00$

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

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

FOR LINE NUMBER: PAGE 10 OF 16 (check only one)


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)

| Mailing Address 10 Claremont Avenue |  |
| :---: | :---: |
| City Bloomfield | State Zip Code <br> NJ 07003 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation <br> Senior Vice President |
|  | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : SA11AI. 11587
Amount of Each Receipt this Period
$\square \quad 40.00$

Date of Receipt
B. $\frac{\text { Arthur M. Kurek }}{\text { Mailing Address } 10 \text { Claremont Avenue }}$

| City | State Zip Code |
| :---: | :---: |
| Bloomfield | NJ 07003 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation <br> Senior Vice President |
|  | Aggregate Year-to-Date $\square$ <br> 520.00 |



Transaction ID : SA11AI. 11597
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. $\frac{\text { Claire Levitt-Davis }}{\text { Mailing Address } 84 \text { Boulder Ridge Road }}$

| City <br> Scarsdale | State <br> NY | Zip Code <br> 10583 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Amalgamated Life Insurance Company | President-AMM |  |
| Receipt For: |  |  |
| $\square$ Primary $\square$ General | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |
| $\square$ |  | 220.00 |

Date of Receipt


Transaction ID : SA11AI. 11573
Amount of Each Receipt this Period
20.00

| SUBTOTAL of Receipts This Page (optional)................................................................ | , 100.00 |
| :---: | :---: |
| 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 11 OF 16 (check only one)


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) <br> A. Claire Levitt-Davis |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 84 Boulder Ridge Road |  |  |
| City Scarsdale | State Zip Code |  |
|  | NY 10583 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $20.00$ |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation <br> President-AMM |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |  |


| Full Name (Last, First, Middle Initial) <br> B. Claire Levitt-Davis |  |
| :---: | :---: |
| Mailing Address 84 Boulder Ridge Road |  |
| City | State Zip Code |
| Scarsdale | NY 10583 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation |
|  | President-AMM |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
|  | $260.00$ |

Date of Receipt


Transaction ID : SA11AI. 11598
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. Thomas G. Thompson

Mailing Address 25 South Eliott PA

| City <br> Brooklyn | State <br> NY | Zip Code <br> 11217 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Amalgamated Life Insurance Company | VP |  |

Date of Receipt

| $04$ | $\begin{gathered} D \quad D \\ 05 \end{gathered}$ | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 11533
Amount of Each Receipt this Period
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 12 OF 16 (check only one)


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. Thomas G. Thompson

Mailing Address 25 South Eliott PA

| Mailing Address 25 South Eliott PA |  |
| :---: | :---: |
| City | State Zip Code |
| Brooklyn | NY 11217 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Amalgamated Life Insurance Company | VP |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $240.00$ |

Date of Receipt


Transaction ID : SA11AI. 11544
Amount of Each Receipt this Period
$\square \quad 30.00$

Date of Receipt
B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

| City | State Zip Code |
| :---: | :---: |
| Brooklyn | NY 11217 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation VP |
|  | Aggregate Year-to-Date $\square$ |



Transaction ID : SA11AI. 11555
Amount of Each Receipt this Period


Date of Receipt

| Mailing Address 25 South Eliott PA |  |
| :---: | :---: |
| City | State Zip Code |
| Brooklyn | NY 11217 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Amalgamated Life Insurance Company | VP |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $300.00$ |


| 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: PAGE 13 OF 16 (check only one)


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. Thomas G. Thompson

Mailing Address 25 South Eliott PA

| Mailing Address 25 South Eliott PA |  |
| :---: | :---: |
| City | State Zip Code |
| Brooklyn | NY 11217 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Amalgamated Life Insurance Company | VP |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $, \quad 330.00$ |

Date of Receipt


## Transaction ID : SA11AI. 11577

Amount of Each Receipt this Period
$\square \quad 30.00$

Date of Receipt
B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

| City | State Zip Code |
| :---: | :---: |
| Brooklyn | NY 11217 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Company | Occupation VP |
| Receipt For: $\square$ Primary $\quad \square$ General $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $360.00$ |



Transaction ID : SA11AI. 11592
Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)
C. David Walsh

Mailing Address 34 Reservoir Ct.

| City <br> Carmel | State <br> NY |
| :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | Zip Code <br> 10512 |
| Name of Employer | C |
| Amalgamated Life Insurance Com | Occupation <br> President |
| Receipt For:  <br> $\square$ Aggregate Year-to-Date $\boldsymbol{\nabla}$ <br> Primary $\quad \square$ General  <br> Other (specify) $\boldsymbol{\nabla}$  |  |

Date of Receipt

| $04$ | $\begin{gathered} D \quad D \\ 05 \end{gathered}$ | 2013 |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 11534
Amount of Each Receipt this Period
120.00

| 180.00 |
| :--- | :--- |

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

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

FOR LINE NUMBER: PAGE 14 OF 16 (check only one)


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) <br> A. David Walsh |  | Date of Receipt <br> Transaction ID : SA11AI. 11545 |
| :---: | :---: | :---: |
| Mailing Address 34 Reservoir Ct. |  |  |
| City Carmel | State Zip Code |  |
|  | NY 10512 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $120.00$ |
| Name of Employer <br> Amalgamated Life Insurance Com | Occupation <br> President |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |  |

Full Name (Last, First, Middle Initial)
B. David Walsh

Mailing Address 34 Reservoir Ct.

| City <br> Carmel | State Zip Code <br> NY 10512 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Com | Occupation <br> President |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : SA11AI. 11556
Amount of Each Receipt this Period
$\square 120.00$

Date of Receipt

| Mailing Address 34 Reservoir Ct. |  |
| :---: | :---: |
| City | State Zip Code |
| Carmel | NY 10512 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer | Occupation |
| Amalgamated Life Insurance Com | President |
| Receipt For: $\square$ | Aggregate Year-to-Date $\boldsymbol{V}$ |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ | , 1200.00 |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $360.00$ |
| :---: | :---: |
| 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 15 OF 16 (check only one)


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) <br> A. David Walsh |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 34 Reservoir Ct. |  |  |
| City Carmel | State Zip Code |  |
|  | NY 10512 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $120.00$ |
| Name of Employer <br> Amalgamated Life Insurance Com | Occupation <br> President |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |  |

Full Name (Last, First, Middle Initial)
B. David Walsh

Mailing Address 34 Reservoir Ct.

| City <br> Carmel | State Zip Code <br> NY 10512 |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> Amalgamated Life Insurance Com | Occupation <br> President |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $1440.00$ |

Date of Receipt


Transaction ID : SA11AI. 11593
Amount of Each Receipt this Period
$\square 120.00$

Date of Receipt
David Walsh
C. David Walsh
Mailing Address 34 Reservoir Ct.

| City <br> Carmel | State <br> NY | Zip Code <br> 10512 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation <br> President |  |
| Amalgamated Life Insurance Com | Aggregate Year-to-Date $\mathbf{\nabla}$ |  |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |  | 1560.00 |



Transaction ID : SA11AI. 11601
Amount of Each Receipt this Period
120.00

|  | 360.00 |
| :---: | :---: | :---: |
|  | , 1570.00 |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 16 OF 16 (check only one)

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. BOB BRADY FOR CONGRESS

C.

Mailing Address

| City |
| :--- |
| Purpose of Disbursement |
| Candidate Name |
| Office Sought: |

Date of Disbursement


Amount of Each Disbursement this Period $\square$,


