10/12/2012 11:59

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations 1. (a) Name of Individual, Organization or Corporation **Amalgamated Bank** (b) Address (number and street) check if different than previously reported 275 Seventh Avenue 3. FEC Identification Number (c) City, State and ZIP Code New York NY 10001 C C90013673 Corporate filers only X No Is the filer a qualified nonprofit corporation? Yes Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report X July 15 Quarterly Report 24-Hour Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? 5. COVERING PERIOD: FROM 04 01 2012 **THROUGH** 06 30 2012 6. TOTAL CONTRIBUTIONS00 7. TOTAL INDEPENDENT EXPENDITURES 450.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported

herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM **SIGNATURE** DATE [Electronically Filed] Thomas Wills Thomas Wills 10/12/2012

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV. 09/2005) 5PG021

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

Purpose of Expenditure Category/		
Mailing Address 36-36 3rd Street #303 City State Zip Code Long Island City NY 11106 Purpose of Expenditure State	Full Name (Last, First, Middle Initial) of Payee	Date
Amount A	United Print Group	M = M / D = D / Y = Y = Y
City	Mailing Address 36-36 3rd Street #303	06 20 2012
District		Amount
Durpose of Expenditure District: NY NY NY NY NY NY NY N	City State Zip Code	450.00
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for Office Sought Other (specify)	for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures		