07/20/2009 08:08

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Th	nan An Author	ized Commi	ttee		Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR F		Example:If typi over the lines	ng, type			
Amalgamated Life Insurance	ce Company Politic	al Action Committe	e 	1 1 1 1			
ADDRESS (number and street)	333 Westche	ester Ave					
Check if different than previously reported. (ACC)	White Plains				NY	10604	-
2. FEC IDENTIFICATION NU	JMBER ₩	CITY A	ı	5	STATE A	ZIPCO	DE 🛕
C00369827		3. IS TH REPO		NEW (N) OR		MENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report X July 31 Mid-Year Report(Non-elect Year Only) (MY) Termination Rep (TER)	(Q2) (C) 12 PR Re (Q3) (YE) (d) 30 Po Re	Feb 20	(M3) Primary (1 Convention General (3	n (12C)	Sep	in the	Special (30S)
5. Covering Period	01	2009	through		30	2009	
I certify that I have examined thi Type or Print Name of Treasure	N.C. bear I. I. C.	-	dge and belief it	is true, correct a	and complete		
	ronically Filed by	Michael Hirsch	ay subject the pe		ate 07		2 0 0 9 S.C 437g.
Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 27 Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee D D [®]D 0 1 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 33725.18 January 1 (b) Cash on Hand at 33725.18 Begining of Reporting Period 6178.21 6178.21 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 39903.39 39903.39 6(a) and 6(c) for Column B) 5000.00 5000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 34903.39 34903.39 (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 / 27

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

м м 0 1 0 1 м°м 06 3 0 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2990.00 2990.00 (i) Itemized (use Schedule A) 3122.00 3122.00 (ii) Unitemized (iii) TOTAL (add 6112.00 6112.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 6112.00 6112.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 66.21 66.21 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d),

6178.21

6178.21

6178.21

6178.21

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 27

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Strate		
	(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	0.00	0.00
3.	Committees	0.00	0.00
4	Federal Candidates/Committeesand Other Political Committees	5000.00	5000.00
	Independent Expenditure (use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
<i>J</i> .	Committee Experior rate by Farty Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
ŝ.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
).	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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))	5000.00	5000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 27

	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)	6112.00	6112.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6112.00	6112.00
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 / 27 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	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) Martin R. Cohen			Date of Receipt
	Mailing Address 63 Jefferson Avenue			03 / 27 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.9682
	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 Ac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Martin R. Cohen	1		Date of Receipt
	Mailing Address 63 Jefferson Avenue			04 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.9710
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
. —	Full Name (Last, First, Middle Initial) Martin R. Cohen	l		Date of Receipt
	Mailing Address 63 Jefferson Avenue			04 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.9729
	Islip Terrace	NY	11752	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 Act	tuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	1		90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/27 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	<u> </u>		
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
Mailing Address 63 Jefferson Avenu	ie		05 08 2009
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.9747 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 Chief Act		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
Mailing Address 63 Jefferson Avenu	ie		05 21 YYYYY
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.9748
FEC ID number of contributing federal political committee.	C	11732	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
Mailing Address 63 Jefferson Avenu	ie		0 6 0 5 2 0 0 9
City Islip Terrace	State NY	Zip Code 11752	Transaction ID: SA11AI.9785
FEC ID number of contributing federal political committee.	C	11132	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act	uary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (options			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 / 27 (check only one) X 11a
NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Amalgamated Life Insurance Compa	ny Political Action Committee	
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue		Date of Receipt
		06 19 2009
City	State Zip Code NY 11752	Transaction ID: SA11AI.9786
Islip Terrace FEC ID number of contributing federal political committee.	NY 11752	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Chief Actuary Aggregate Year-to-Date 390.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan	. L	Date of Receipt
Mailing Address 5933 Palmetto Street		05 21 2009
City	State Zip Code	Transaction ID: SA11AI.9750
<u>Philadelphia</u>	PA 19120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan		Date of Receipt
Mailing Address 5933 Palmetto Street		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.9787
Philadelphia	PA 19120	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 ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	•	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 9 / 27 (check only one) X 11a
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements mage name and add	y 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	ny Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street			Date of Receipt
	S33 Faimello Street			06 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.9788
	<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupatio VP	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	
	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane			03 / 13 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.9673
	Plainsboro	NJ	08536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		240.00	
	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane			03 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.9694
	Plainsboro	NJ	08536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF	Р-В	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	280.00	
Г		I		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 27 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y 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.
	Amalgamated Life Insurance Compa	ny Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane			Date of Receipt
				04 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.9722
	Plainsboro FEC ID number of contributing	NJ	08536	Amount of Each Receipt this Period
	federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VF		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	
_	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	State	Zip Code	Transaction ID: SA11AI.9741
	Plainsboro	NJ	08536	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 Exec. VF		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00]
_	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	State	Zip Code	Transaction ID: SA11AI.9751
	Plainsboro	NJ	08536	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 Exec. VF	Р-В	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		400.00	
Г	SUBTOTAL of Receipts This Page (optional)			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 11 / 27 (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 Compa	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro 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 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Date of Receipt M M Z 1 Z 0 0 9
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro 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 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼ 480.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro 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 08536 C Occupation Exec. VP-B Aggregate Year-to-Date 520.00	Date of Receipt 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)		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	FOR LINE NUMBER: PAGE 12 / 27 (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	the name and address of any politi	cal committee to so	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Aven			03 13 2009
City Bloomfield	State Zip Code NJ 07003		Transaction ID: SA11AI.9663 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 ▼	240.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aven	10		Date of Receipt
Mailing Address To Claremont Aveni	ne		03 27 2009
City	State Zip Code		Transaction ID: SA11AI.9684
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 ▼	280.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Aven	ne		04 10 2009
City	State Zip Code		Transaction ID: SA11AI.9712
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 ▼	320.00	
SUBTOTAL of Receipts This Page (optiona)		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 13 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp.	the name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenu City	Je State	Zip Code	0 4 2 4 2 0 0 9 Transaction ID: SA11AI.9731
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 Vi	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Avenu	10		Date of Receipt
Maining Address To Claremont Avent	i C		05 08 2009
City	State	Zip Code	Transaction ID: SA11AI.9755
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 Vi	n ice President	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	1
Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
Arthur M. Kurek Mailing Address 10 Claremont Avenu	Je		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9756
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		ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)	.	120.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate for each cate Detailed Sun	
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or using the name and address of any poli	used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.
Amalgamated Life Insurance	Company Political Action Committ	ttee
Full Name (Last, First, Middle Initia Arthur M. Kurek	·	Date of Receipt
Mailing Address 10 Claremon		06 05 2009
City Bloomfield	State Zip Code NJ 07003	Transaction ID: SA11AI.9793
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	480.00
Full Name (Last, First, Middle Initia Arthur M. Kurek	J)	Date of Receipt
Mailing Address 10 Claremon	Avenue	0 6 1 9 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.9794
Bloomfield	NJ 07003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	520.00
Full Name (Last, First, Middle Initia Claire Levitt-Davis	I)	Date of Receipt
Mailing Address 84 Boulder R	dge Road	05 21 YYYYY 2009
City	State Zip Code	Transaction ID: SA11AI.9758
<u>Scarsdale</u>	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00
	optional)	100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 27 (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 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 Compan	y Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Road City	d State	Zip Code	06 05 2009
	Scarsdale	NY	10583	Transaction ID: SA11AI.9795 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
- В.	Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge Road	d		Date of Receipt
		u 		06 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.9796
	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	e Year-to-Date ▼ 260.00]
с. С.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			05 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.9766
	Piscataway FEC ID number of contributing federal political committee.	C	08854	Amount of Each Receipt this Period 20.00
	Name of Employer Amlagamated Life Insurance Company Receipt For:	Occupation AVP Acc		
	Primary General Other (specify) ▼	, iggregate	220.00	
	SUBTOTAL of Receipts This Page (optional)			60.00
f	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check drily drie)
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 address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue)	Date of Receipt 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	State Zip Code NJ 08854	Transaction ID: SA11AI.9803 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer Amlagamated Life Insurance Company Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation AVP Accounting Aggregate Year-to-Date 240.0	
Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue)	Date of Receipt 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.9804
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 Accounting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.0	
Full Name (Last, First, Middle Initial) Victoria R. Sartor	1	Date of Receipt
Mailing Address 117 Burke Place		03 27 2009
City	State Zip Code	Transaction ID: SA11AI.9688
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 ▼ 210.00	
SURTOTAL of Receipts This Page (option	al)	70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 27 (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	nd Statements may not be sold or used by any pers g the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.9716 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.9735
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 Receipt For: Primary General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt 0 5 0 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.9767
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 Receipt For: Primary General Other (specify)	Occupation VP, Finance Reporting Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (option	al)	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 27 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	nd Statements may not be sold or used by any pers the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt M
City Paramus FEC ID number of contributing	State Zip Code NJ 07652	Transaction ID: SA11AI.9768 Amount of Each Receipt this Period
federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	Occupation VP, Finance Reporting Aggregate Year-to-Date 330.00	30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		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 Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.9805 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date 360.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place		Date of Receipt 0 6 1 9 2 0 0 9
City Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.9806 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP, Finance Reporting Aggregate Year-to-Date 390.00	
SUBTOTAL of Receipts This Page (optional	ı)	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 27 (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 NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	nd Statements may not be sold or used by any per the name and address of any political committee pany Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street	et	Date of Receipt 0 5 2 1 2 0 0 9
City Staten Island FEC ID number of contributing	State Zip Code NY 10307	Transaction ID: SA11AI.9770 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Corporate ATT. Aggregate Year-to-Date 220.00	
Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street	et	Date of Receipt 0 6 0 5 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.9807
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	Occupation Corporate ATT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mark Schwartz	•	Date of Receipt
Mailing Address 130 Aspinwall Stree	et	06 19 2009
City	State Zip Code	Transaction ID: SA11AI.9808
Staten Island FEC ID number of contributing federal political committee.	NY 10307	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate ATT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional	J	60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 27 (check only one) X 11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress 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 Ad	ction Committee	
<u></u>	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA City	State	Zip Code	0 3 2 7 2 0 0 9 Transaction ID: SA11AI.9691
	Brooklyn	NY	11217	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	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA			04 10 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.9719
	Brooklyn	NY	11217	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	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA			04 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.9738
	Brooklyn FEC ID number of contributing	NY	11217	Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
	Other (specify)	0 0	270.00	
Г				90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 27 (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	dress 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.9773 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation VP Aggregate	o Year-to-Date ▼	
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	State NY	Zip Code 11217	Transaction ID: SA11AI.9774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA	Ctata	7in Code	06 05 2009
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.9811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation VP Aggregate	n e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	
SUBTOTAL of Receipts This Page (optional	al)		90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/27 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	<u> </u>		ostation contribution from each committee.
Amalgamated Life Insurance Com	pany Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			0 6 1 9 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.9812
Brooklyn 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	Occupation		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) David Walsh	L		Date of Receipt
Mailing Address 34 Reservoir Ct.			01 16 2009
City	State	Zip Code	Transaction ID: SA11AI.9586
<u>Carmel</u>	NY	10512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Amalgamated Life Insurance Com	Occupation President		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	240.00	
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			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.9609
Carmel	NY	10512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Amalgamated Life Insurance Com	Occupation President		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
Other (specify) •		360.00	
			270.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 27 (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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.			Date of Receipt
City Carmel FEC ID number of contributing	State NY	Zip Code 10512	Transaction ID: SA11AI.9630 Amount of Each Receipt this Period
Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	Occupation President Aggregate		
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.			Date of Receipt 0 2 2 7 2 0 0 9
City Carmel FEC ID number of contributing federal political committee.	State NY	Zip Code 10512	Transaction ID: SA11AI.9651 Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.			Date of Receipt
City Carmel FEC ID number of contributing federal political committee.	State NY	Zip Code 10512	Transaction ID: SA11Al.9671 Amount of Each Receipt this Period 120.00
Name of Employer Amalgamated Life Insurance Com Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
SUBTOTAL of Receipts This Page (optional)		360.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 27 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may he name and add	y 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) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			03 / 27 / 2009
	City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9692 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Amalgamated Life Insurance Com	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	
_	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.	04 10 2009		
	City	State	Zip Code	Transaction ID: SA11AI.9720
	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	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00	
_	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
	Mailing Address 34 Reservoir Ct.			04 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.9739
	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	Occupation Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1080.00	
Γ	SUBTOTAL of Receipts This Page (optional)			360.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/27 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress 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) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			05 08 2009
City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			0 5 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.9776
Carmel FEC ID number of contributing	NY	10512	Amount of Each Receipt this Period
federal political committee.	C		120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1320.00	
Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
Mailing Address 34 Reservoir Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel	State NY	Zip Code 10512	Transaction ID: SA11AI.9813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10012	120.00
Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1440.00	
SUBTOTAL of Receipts This Page (optional	I		360.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 27 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	Statements may not be sold or used by any pers he 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) David Walsh Mailing Address 34 Reservoir Ct. City Carmel FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	State Zip Code NY 10512 C Occupation President Aggregate Year-to-Date 1560.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarborough S City Freehold 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 07728 C Occupation Sr. Vice President Aggregate Year-to-Date 220.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 21 2009 Transaction ID: SA11AI.9778 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarborough S City Freehold FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Street State Zip Code NJ 07728 C Occupation Sr. Vice President Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 / D D / 2 0 0 9 Transaction ID: SA11AI.9815 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		160.00
TOTAL This Period (last page this line numb	er only)	2990.00

0	COLIFICIAL ED (FEO Forms OV)							
	CHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE NUMBER: (check only one)		PAGE 27/27			
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b	
	y Information copied from such Reports ar for commercial purposes, other than using							
\rangle	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	oany Political Action Committee						
	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address 313 17th Street P.O. Box 4183			Transaction ID: Date of Disburse 0 3 D	ement	1 0 0 9 °		
	City Rock Island Purpose of Disbursement	State Zip Code IL 61202		Amount of Each		t this Per	riod	
	Candidate Name		Category/ Type					
	Office Sought: X House Senate President	Disbursement For: Primary General Other (specify) ▼						
	State: IL District: 17							

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	5000.00