07/13/2010 13:57

Image# 10930894792

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For C	ther Than An A	uthorized Con	nmittee		Office Use Only
NAME OF     COMMITTEE (in full)		EC MAILING LABE	Example:If over the lin	typing, type nes		
Amalgamated Life Ins						
ADDRESS (number and st	reet) 333	8 Westchester Ave				
Check if differer than previously reported. (ACC)	. Wh	ite Plains			LNY L	10604
2. FEC IDENTIFICATION	ON NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCODE 🛕
C00369827		3.	IS THIS X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPOF (Choose One)  (a) Quarterly Repor  April 15 Quarterly F  X July 15	ts:	Due On:		May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ry (12P)	Sep 2	20 (M8) Nov 20 (M11 (Non-Election Year Only) 20 (M9) Dec 20 (M12 (Non-Election Year Only) 20 (M10) Jan 31 (YE) 2G) Runoff (12R)
October 15 Quarterly F Quarterly F January 31 Quarterly F	Report(Q3)	Report for the		ention (12C)	Special (1	in the State of
July 31 Mic Report(Nor Year Only)  Termination (TER)	n-election (MY)	(d) 30-Day Post -Electio Report for the		ral (30G)	Runoff (30	Special (30S) in the State of
5. Covering Period	0 4	01 2010	thr	ough 0 6	30	2010
I certify that I have examin Type or Print Name of Tre		and to the best of my ichael Hirsch	knowledge and bel	lief it is true, correc	t and complete.	
Signature of Treasurer	Electronically F	Filed by Michael H	irsch		Date 07	13 2010
NOTE : Submission of fal	se, erroneous,	or incomplete informa	ation may subject th	ne person signing th	nis Report to the	penalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 22 Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee D D <sup>®</sup>D 0 4 0 1 2010 0.6 3 0 2010 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 44212.36 Begining of Reporting Period ..... 2789.66 5496.17 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 47002.02 47002.02 6(a) and 6(c) for Column B) ..... 9800.00 9800.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 37202.02 37202.02 (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 / 22

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1940.00	2620.00
	(ii) Unitemized	810.00	2797.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2750.00	5417.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2750.00	5417.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	39.66	79.17
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2789.66	5496.17
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2789.66	5496.17

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	9800.00	9800.00
١.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
<b>.</b>	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
٥.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share		
	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))	9800.00	9800.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0000 00	0000.00
	from Line 31)	9800.00	9800.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tions (other than loans)	2750.00	5417.00
4. Total Contribu (from Line 28(	tion Refunds d))	0.00	0.00
	ons (other than loans) 34 from Line 33)	2750.00	5417.00
	Operating Expenditures a)(i) and Line 21(b))	0.00	0.00
•	erating Expenditures page 3)	0.00	0.00
8. Net Operating (subtract Line	Expenditures 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Amalgamated Life Insurance Comp	pany Political Action Committee	
Full Name (Last, First, Middle Initial)  Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenu  City	e State Zip Code	0 4 0 9 2 0 1 0  Transaction ID: SA11AI.10245
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	Occupation Chief Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)  Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenu		04 23 7 2010
City	State Zip Code	Transaction ID: SA11AI.10263
Islip Terrace  FEC ID number of contributing federal political committee.	NY 11752	Amount of Each Receipt this Period  30.00
Name of Employer	Occupation	
Amalgamated Lîfe Insurance <u>Company</u>	Chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen		Date of Receipt
Mailing Address 63 Jefferson Avenu	е	05 / 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.10282
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	Occupation Chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optiona	l)	90.00
TOTAL This Period (last page this line num	·	

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compared	e name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City  Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify)	State NY  C  Occupation Chief Actual Aggregate Ye	Zip Code 11752 ary ear-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City  Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General  Other (specify)	State NY  C  Occupation Chief Actual Aggregate Ye	Zip Code 11752  ary ear-to-Date ▼ 330.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.10319  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Martin R. Cohen  Mailing Address 63 Jefferson Avenue  City Islip Terrace  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify)	State NY  C  Occupation Chief Actua  Aggregate Ye	Zip Code 11752  ary ear-to-Date ▼ 360.00	Date of Receipt  M M M D D D Z 2010  Transaction ID: SA11AI.10337  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional) .			90.00

## SCHEDULE A (FEC Form 3X)

A   NAME OF COMMITTEE (in Ful)   Amalgamated Life Insurance Company Political Action Committee   Date of Receipt   Amalgamated Life Insurance Company Political Action Committee	ľ	SCHEDULE A (FEC Form 3X) TEMIZED 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 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
A. Patrick J. Coughtian  Mailling Address 5933 Palmetto Street  City State Zip Code Philadelphia PA 19120  FEC ID number of contributing federal political committee.  Name of Employer  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Patrick J. Coughtian  Mailling Address 5933 Palmetto Street  City State Zip Code Philadelphia PA 19120  FEC ID number of contributing federal political committee.  City State Zip Code Philadelphia PA 19120  FEC ID number of contributing federal political committee.  City State Zip Code Philadelphia PA 19120  Fell Name (Last, First, Middle Initial)  Patrick J. Coughtian  Name of Employer  Cocupation  VP  Receipt For: Primary General Other (specify) ▼  Cocupation  VP  Receipt For: Primary General Other (specify) ▼  Cocupation  VP  Receipt For: Primary General Other (specify) ▼  Cocupation  VP  State Zip Code Philadelphia PA 19120  Date of Receipt Transaction ID: SA11A1.10328  Amount of Each Receipt his Period  Amount of Each R		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
City Philadelphia PA 19120  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Receipt For: Primary General Other (specify) ▼  Paraction ID: SA11Al.10320  Amount of Each Receipt this Period  Transaction ID: SA11Al.10320  Amount of Each Receipt this Period  Transaction ID: SA11Al.10320  Amount of Each Receipt this Period  Transaction ID: SA11Al.10320  Amount of Each Receipt  No Bill Name (Last, First, Middle Initial) Michael Hirsch Meiling Address 91 Bradford Lane  City Primary General Other (specify) ▼  State Zip Code NJ 08536  FEC ID number of contributing federal political committee.  City Plainsboro  FEC ID number of contributing federal political committee.  City Plainsboro  FEC ID number of contributing federal political committee.  City Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  A	∠ <b>A</b> .	Patrick J. Coughlan			M M / D D / Y Y Y Y
Name of Employer    Name of Employer   Occupation   VP		-		•	Transaction ID: SA11AI.10320
Receipt For:		federal political committee.			20.00
B. Patrick J. Coughlan  Mailing Address 5933 Palmetto Street  City State Zip Code PA 19120  FEC ID number of contributing federal political committee.  Name of Employer  Other (specify) ▼  City State Zip Code PA 19120  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  City State Zip Code Primary General Other (specify) ▼  City State Zip Code Michael Hirsch  Mailing Address 91 Bradford Lane  City State Zip Code NJ 08536  FEC ID number of contributing federal political committee.  City State Zip Code NJ 08536  FEC ID number of contributing federal political committee.  City State Zip Code NJ 08536  FEC ID number of contributing federal political committee.  City State Zip Code NJ 08536  Amount of Each Receipt this Period 40.00  Transaction ID: SA11Al.10258  Amount of Each Receipt this Period 40.00  Amae of Employer Amaigamated Life Insurance Company  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		Receipt For: Primary General	VP	e Year-to-Date ▼	
Philadelphia PA 19120  FEC ID number of contributing federal political committee.  Name of Employer  Primary General Other (specify) ▼  C.  Full Name (Last, First, Middle Initial)  City State Zip Code NJ 08536  FEC ID number of contributing federal political committee.  C.  Name of Employer  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.10258  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.10258  Amount of Each Receipt this Period  Cocupation  Transaction ID: SA11AI.10258  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼	– В.	Patrick J. Coughlan			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer    C		•		Zip Code	
VP   Aggregate Year-to-Date ▼		FEC ID number of contributing		19120	
Miling Address 91 Bradford Lane  City State Zip Code Plainsboro  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M D D D Q 2 0 1 0  Transaction ID: SA11Al.10258  Amount of Each Receipt this Period  C  Aggregate Year-to-Date ▼  280.00		Receipt For: Primary General	VP	e Year-to-Date ▼	1
City State Zip Code NJ 08536  Plainsboro NJ 08536  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  Amount of Each Receipt this Period  40.00  Aggregate Year-to-Date ▼  280.00	_ C.	Michael Hirsch			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   280.00		City	State	Zip Code	
Company Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  280.00		FEC ID number of contributing		08536	
Primary General Other (specify) ▼  280.00		Company	Exec. VF	P-B	
90.00		Primary General	Aggregate	<del></del>	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (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	d 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)  Michael Hirsch  Mailing Address 91 Bradford Lane  City	State Zin Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plainsboro  FEC ID number of contributing federal political committee.	State Zip Code NJ 08536	Transaction ID: SA11AI.10276  Amount of Each Receipt this Period  40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Exec. VP-B  Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane		Date of Receipt  0 5 0 6 2 0 1 0
City Plainsboro  FEC ID number of contributing federal political committee.	State Zip Code NJ 08536	Transaction ID: SA11AI.10295  Amount of Each Receipt this Period  40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Exec. VP-B  Aggregate Year-to-Date   360.00	
Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plainsboro  FEC ID number of contributing federal political committee.	State Zip Code NJ 08536	Transaction ID: SA11AI.10313  Amount of Each Receipt this Period  40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Exec. VP-B  Aggregate Year-to-Date   400.00	
SUBTOTAL of Receipts This Page (optional	)	120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane 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	
۷.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane		7: 0 1	06 04 2010
	City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.10331  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 440.00	
 3.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
	Mailing Address 91 Bradford Lane			06 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.10349
	Plainsboro FEC ID number of contributing federal political committee.	C	08536	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. VF		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	
_ :	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue	е		04 09 7 2010
	City Bloomfield	State NJ	Zip Code	Transaction ID: SA11AI.10247
	FEC ID number of contributing federal political committee.	C	07003	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company		ice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Amalgamated Life Insurance Compar	ny Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue	1		04 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.10265
	Bloomfield	NJ	07003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	n ïce President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼	0 0	320.00	
- 3.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue	!		05 06 YYYYY 05 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.10284
	Bloomfield	NJ	07003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	n ice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	360.00	
_	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenue	ı		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.10303
	Bloomfield	NJ	07003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	n ice President	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
Γ		1		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be name and address	e sold or used by any pers 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 Action	Committee	
<u>∠</u> <b>Α</b> .	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenu			06 04 2010
	City Bloomfield		Zip Code 07003	Transaction ID: SA11AI.10321  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7.000	40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice P	resident	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 440.00	
 3.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
	Mailing Address 10 Claremont Avenu	Э		0 6 1 8 2 0 1 0
	City		Zip Code	Transaction ID: SA11AI.10339
	Bloomfield  FEC ID number of contributing federal political committee.	NJ (	07003	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior Vice P	resident	
	Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 480.00	
- :.	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Ro	ad		0 6 0 4 2 0 1 0
	City		Zip Code	Transaction ID: SA11AI.10332
	Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period  20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President-AMI	M	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	to-Date ▼ 220.00	
	SUBTOTAL of Receipts This Page (optional)		I	100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/22   (check only one)   X   11a
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 o solicit contributions from such committee.
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	Road		06 18 2010
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.10350  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 Presiden		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue	,		0 6 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.10324
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	Occupatio AVP Acc		
Company Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue	!		0 6 1 8 2 0 1 0
City Piscatawav	State NJ	Zip Code 08854	Transaction ID: SA11AI.10342  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amlagamated Life Insurance Company	Occupatio AVP Acc	ounting	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	-0		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 14/22   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any perso 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 Compa	any Political A	ction Committee	
Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
Mailing Address 117 Burke Place			04 09 2010
City Paramus	State NJ	Zip Code 07652	Transaction ID: SA11AI.10252  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,000	30.00
Name of Employer Amalgamated Life Insurance Company Receipt For:  Primary  General  Other (specify) ▼		nnce Reporting  e Year-to-Date   210.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place	<u>'</u>		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: SA11Al.10270
Paramus	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	Occupatio VP, Fina	n nce Reporting	7
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		240.00	
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.10289
Paramus	NJ	07652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Amalgamated Life Insurance Company	<del></del>	nce Reporting	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		270.00	
SUBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 15/22   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	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 Com	<u>~</u>		
Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
Mailing Address 117 Burke Place			05 21 YYYY 2010
City Paramus	State NJ	Zip Code 07652	Transaction ID: SA11AI.10307  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)		nnce Reporting  e Year-to-Date   300.00	1
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place			Date of Receipt
City	State	Zip Code	06 04 2010
Paramus	NJ	07652	Transaction ID: SA11AI.10325  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 VP, Fina	n nce Reporting	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00	
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 Paramus	State NJ	Zip Code 07652	Transaction ID: SA11AI.10343  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07002	30.00
Name of Employer Amalgamated Life Insurance Company	<del></del>	nce Reporting	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	]
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 16 / 22 (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 pethe name and address of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Schwartz  Mailing Address 130 Aspinwall Stree  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 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  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.10344
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 Receipt For:	Occupation Corporate ATT.  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson  Mailing Address 25 South Eliott PA	-	Date of Receipt
		04 09 2010
City <u>Brookly</u> n	State Zip Code NY 11217	Transaction ID: SA11AI.10255  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	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	١	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 17 / 22 (check only one)    X
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Amalgamated Life Insurance Compa	ny Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Thomas G. Thompson  Mailing Address 25 South Eliott PA			Date of Receipt  0 4 2 3 2 0 1 0
	City	State NY	Zip Code	Transaction ID: SA11AI.10273
	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 Receipt For: Primary General Other (specify)	Occupation VP Aggregate	e Year-to-Date ▼ 240.00	
 3.	Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA			Date of Receipt
	City	State	Zip Code	0 5 0 6 2 0 1 0 Transaction ID: SA11AI.10292
	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 VP		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA			05 21 2010
	City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.10310  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 VP	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			90.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 22 (check only one)    X
A	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma he name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compa	any Political A	action Committee	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA		7: 0.1	06 04 2010
	City <u>Brooklyn</u>	State NY	Zip Code 11217	Transaction ID: SA11AI.10328  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	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
 3.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA	0 6 1 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.10346
	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	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
- :.	Full Name (Last, First, Middle Initial) John Thornton			Date of Receipt
	Mailing Address 20 Old Barn Road			0 6 0 4 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.10329
	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	Occupation EVP, Sa	on les & Marketing	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 22 (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 solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  John Thornton  Mailing Address 20 Old Barn Road			Date of Receipt
City Fairfield FEC ID number of contributing	State CT	Zip Code 06824-3845	Transaction ID: SA11AI.10347  Amount of Each Receipt this Period  20.00
Name of Employer Amalgamated Life Insurance Co Receipt For: Primary Other (specify)		n les & Marketing e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct.			Date of Receipt  0 4 0 9 2 0 1 0
City Carmel FEC ID number of contributing	State NY	Zip Code 10512	Transaction ID: SA11AI.10257  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 Presiden		
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: SA11AI.10275  Amount of Each Receipt this Period  120.00
Name of Employer Amalgamated Life Insurance Com Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Presiden Aggregate		
SUBTOTAL of Receipts This Page (optiona	)		260.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any or f	r information copied from such Reports and or commercial purposes, other than using t	d Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political A	ction Committee	
	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
-	Mailing Address 34 Reservoir Ct.			05 06 2010
	City Cormol	State NY	Zip Code	Transaction ID: SA11AI.10294
Ī	Carmel FEC ID number of contributing federal political committee.	C	10512	Amount of Each Receipt this Period  120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1080.00	
	Full Name (Last, First, Middle Initial) David Walsh			Date of Receipt
١	Mailing Address 34 Reservoir Ct.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.10312
	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	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 6 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.10330
•	Carmel	NY	10512	Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Amalgamated Life Insurance Com	Occupatio Presiden	t	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1320.00	
	JBTOTAL of Receipts This Page (optional)			360.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by are name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Amalgamated Life Insurance Compan	y Political Action Committee	
Full Name (Last, First, Middle Initial) David Walsh Mailing Address 34 Reservoir Ct. City	State Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Carmel FEC ID number of contributing federal political committee.	NY 10512	Amount of Each Receipt this Period
Name of Employer Amalgamated Life Insurance Com Receipt For: Primary General Other (specify)	Occupation President  Aggregate Year-to-Date ▼  1440.0	00

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number only)	<b>•</b>	1940.00

A.

В.

District: 04

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	ents may not be sold or used and address of any political	by any person f committee to so	or the purpose of solic licit contributions from	iting contributions such committee		
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Pol	itical Action Committee					
Full Name (Last, First, Middle Initial) Booker Team For Newark			Transaction ID: S Date of Disburseme	ent		
Mailing Address 60 Park Place			05 03	<sup>'</sup> 2010 <sup>'</sup>		
7	State Zip Code NJ 07102		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement				5000.00		
Candidate Name		Category/ Type				
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction ID:	 SB23.10355		
BARNEY FRANK			Date of Disburseme			
Mailing Address 274 GROVE STREET AP	T #5		$\begin{bmatrix} 0 & 4 & 4 & 4 \end{bmatrix}$	2010		
	State Zip Code MA 02466		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement				4800.00		
Candidate Name		Category/ Type				
Office Sought: X House Disburser Senate President	ment For: Primary General Other (specify) ▼					

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	9800.00
TOTAL This Period (last page this line number only)	<b>•</b>	9800.00

State: MA