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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 730 Broadway ADDRESS (number and street) Check if different than previously New York NY 10003 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00369827 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Victoria R. Sartor Type or Print Name of Treasurer Electronically Filed by Victoria R. Sartor 0 1 3 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee [®] D D 0.7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 48905.16 Ž007 January 1 (b) Cash on Hand at 50413.31 Begining of Reporting Period 6193.40 12701.55 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 56606.71 61606.71 6(a) and 6(c) for Column B) 5000.00 10000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 51606.71 51606.71 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period: From:

M M M O 7 0 1 2 0 0 7

To: M M M 1 2 3 1 2 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From (a) Individuals/Persons Other	1:	
Than Political Committees (i) Itemized (use Schedule A) .	5698.00	8148.00
(ii) Unitemized	424.00	4386.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6122.00	12534.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6122.00	12534.00
Transfers From Affiliated/Other Party Committees		0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	71.40	167.55
8. Transfers from Non-Federal and Lev	in Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18((b)). 0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6193.40	12701.55
Total Federal Receipts (subtract Line 18(c) from Line 19)	6193.40	12701.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to	0.00	0.00
24	Federal Candidates/Committeesand Other Political Committees Independent Expenditure	5000.00	10000.00
	(use Schedule E)	0.00	0.00
20.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
20.	(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
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	10000.00
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	6122.00	12534.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6122.00	12534.00
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

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political Action Committee	
Full Name (Last, First, Middle Initial) Eusebio Borrero		Date of Receipt
Mailing Address 1966 Newbold Avenu		10 10 2007
City Bronx	State Zip Code NY 10472	Transaction ID: SA11AI.8816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Supervisor QA/Training	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Eusebio Borrero		Date of Receipt
Mailing Address 1966 Newbold Avenu	ue	10 24 2007
City	State Zip Code	Transaction ID: SA11AI.8817
Bronx	NY 10472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Supervisor QA/Training	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Eusebio Borrero		Date of Receipt
Mailing Address 1966 Newbold Avenu	ue	1 1 0 7 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.8862
Bronx FEC ID number of contributing	NY 10472	Amount of Each Receipt this Period
federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Supervisor QA/Training	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	230.00	
	1	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 83 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political A	ction Committee	
Full Name (Last, First, Middle Initial) Eusebio Borrero			Date of Receipt
Mailing Address 1966 Newbold Avenu	ie		M M / D D / Y Y Y Y Y Y 1 1 1 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8863
Bronx	NY	10472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Amalgamated Life Insurance	Occupation		
Company Receipt For:		or QA/Training	_
Primary General	Aggregate	e Year-to-Date ▼	7
Other (specify) ▼		240.00	
Full Name (Last, First, Middle Initial) Eusebio Borrero	1		Date of Receipt
Mailing Address 1966 Newbold Avenu	re		12 05 2007
City	State	Zip Code	Transaction ID: SA11AI.8909
Bronx	NY	10472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Supervis	n or QA/Training	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial)			Patro (Provide
Eusebio Borrero Mailing Address 1966 Newbold Avenu	ne		Date of Receipt 1 2 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8910
Bronx	NY	10472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Supervise	n or QA/Training	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	55.153.0	260.00	
SUBTOTAL of Receipts This Page (optional)			30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at 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 the name and address of any political committee to pany Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Nina Chakraborty Mailing Address 244 Riverside		Date of Receipt
City New York FEC ID number of contributing	State Zip Code NY 10025	Transaction ID: SA11AI.8818 Amount of Each Receipt this Period
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify)	Occupation Executive - VP Aggregate Year-to-Date ▼ 210.00	10.00
Full Name (Last, First, Middle Initial) Nina Chakraborty Mailing Address 244 Riverside		Date of Receipt 1 0 2 4 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.8819
New York	NY 10025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Executive - VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Nina Chakraborty		Date of Receipt
Mailing Address 244 Riverside		11 07 7 2007
City	State Zip Code	Transaction ID: SA11AI.8864
New York FEC ID number of contributing federal political committee.	NY 10025	Amount of Each Receipt this Period 10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Executive - VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (options	N)	30.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 83 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y 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.
	Amalgamated Life Insurance Compa	any Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Nina Chakraborty Mailing Address 244 Riverside			Date of Receipt
	Mailing Address 244 Riverside City	State	Zip Code	11 / 21 / 2007
	New York	NY	21p Code 10025	Transaction ID: SA11AI.8865 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
 3.	Full Name (Last, First, Middle Initial) Nina Chakraborty			Date of Receipt
	Mailing Address 244 Riverside			12 05 2007
	City	State	Zip Code	Transaction ID: SA11AI.8911
	New York FEC ID number of contributing federal political committee.	NY C	10025	Amount of Each Receipt this Period
	Name of Employer Amalgamated Life Insurance Company	Occupatio Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) Nina Chakraborty			Date of Receipt
	Mailing Address 244 Riverside			12 19 2007
	City	State	Zip Code	Transaction ID: SA11AI.8912
	New York FEC ID number of contributing federal political committee.	C	10025	Amount of Each Receipt this Period 10.00
	Name of Employer Amalgamated Life Insurance Company	Occupatio Executive	e - VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
	SUBTOTAL of Receipts This Page (optional)	ı		30.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 83 (check only one) X
or for commer	cial purposes, other than using the 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.
	nated Life Insurance Compan (Last, First, Middle Initial)	iy Political A	ction Committee	
Kevin Clea Mailing Ad	ry			Date of Receipt 0 7 0 4 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.8647
	umber of contributing itical committee.	C	11710	Amount of Each Receipt this Period 20.00
Company Receipt Fo	or:	Occupatio AVP Aggregate	e Year-to-Date ▼ 280.00]
. Kevin Clea	(Last, First, Middle Initial) ry dress 3111 Timothy Road			Date of Receipt
	areas 3111 filliothy hoad	07 18 2007		
City Bellmore	,	State NY	Zip Code 11710	Transaction ID: SA11AI.8648 Amount of Each Receipt this Period
FEC ID nu	imber of contributing itical committee.	C	11710	20.00
Name of E Amalgama Company	mployer ated Life Insurance	Occupatio AVP	n	
Receipt Fo		Aggregate	e Year-to-Date ▼ 300.00	
Full Name Kevin Clea	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 3111 Timothy Road	0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: SA11Al.8696
<u>Bellmore</u>		NY	11710	Amount of Each Receipt this Period
	imber of contributing itical committee.	C		20.00
Name of E Amalgama Company	mployer ated Life Insurance	Occupatio AVP	n	
Receipt Fo		Aggregate	e Year-to-Date ▼ 320.00	
SUBTOTAL	of Receipts This Page (optional)			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 11 / 83 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore 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 AVP Aggregate	Zip Code 11710 n Year-to-Date ▼ 340.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8697 Amount of Each Receipt this Period 20.00
 В.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore 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 AVP Aggregate	Zip Code 11710 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 9 2 0 0 7 Transaction ID: SA11AI.8698 Amount of Each Receipt this Period 20.00
 C.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore 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 AVP Aggregate	Zip Code 11710 n • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8771 Amount of Each Receipt this Period 20.00
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		<u> </u>	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 12 / 83 (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 Compa	Statements may not be sold or used by any persone 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) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11AI.8772 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date ▼ 420.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 11710 C Occupation AVP Aggregate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 83 (check only one) X 11a
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Amalgamated Life Insurance Compar	ny Political Ad	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt
	Mailing Address 3111 Timothy Road		7: 0 1	111 / 07 / 2007
	City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11AI.8866 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 AVP	١	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	
— В.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road			Date of Receipt
		11 21 2007		
	City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11AI.8867 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11110	20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP	ו	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
_ C.	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt
	Mailing Address 3111 Timothy Road			12 05 YYYYY 12 05 2007
	City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11AI.8913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11710	20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			60.00
上	TOTAL This Period (last page this line number		<u> </u>	

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS Information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 83 (check only one) X
or for	commercial purposes, other than using the AME OF COMMITTEE (In Full) malgamated Life Insurance Company	name and ad	dress of any political committee to	o solicit contributions from such committee.
A. Ke	ull Name (Last, First, Middle Initial) evin Cleary ailing Address 3111 Timothy Road ity ellmore	State NY	Zip Code 11710	Date of Receipt M M
fe Na Ai <u>C</u>	EC ID number of contributing deral political committee. ame of Employer malgamated Life Insurance ompany eccipt For: Primary General Other (specify)	Occupation AVP Aggregate	n e Year-to-Date ▼ 520.00	20.00
B. M. M. Ci	ull Name (Last, First, Middle Initial) artin R. Cohen ailing Address 63 Jefferson Avenue ity slip Terrace EC ID number of contributing deral political committee. ame of Employer malgamated Life Insurance ompany eccipt For: Primary General Other (specify)	State NY C Occupatio Chief Ac Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.8649 Amount of Each Receipt this Period 30.00
C. M. M. Ci	artin R. Cohen ailing Address 63 Jefferson Avenue ity Slip Terrace EC ID number of contributing deral political committee. ame of Employer malgamated Life Insurance ompany eceipt For: Primary General Other (specify)	State NY C Occupatio Chief Ac Aggregate		Date of Receipt M M M / D D M 2007 Transaction ID: SA11AI.8650 Amount of Each Receipt this Period 30.00
SUB	STOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sche for each category on Detailed Summary	of the
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenu	e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Islip Terrace FEC ID number of contributing	State Zip Code NY 11752	Transaction ID: SA11AI.8699 Amount of Each Receipt this Period
federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Actuary Aggregate Year-to-Date	80.00
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenu	e	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.8700
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 ▼	10.00
Full Name (Last, First, Middle Initial) Martin R. Cohen	•	Date of Receipt
Mailing Address 63 Jefferson Avenu		08 29 2007
City	State Zip Code	Transaction ID: SA11AI.8701
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	Occupation Chief Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	40.00
SUBTOTAL of Receipts This Page (options	I	90.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 83 (check only one) X
or for commer	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full) nated Life Insurance Compan	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	•	y Political A	ction Committee	
Martin R. C				Date of Receipt
Mailing Ad	dress 63 Jefferson Avenue		7. 0. 1	09 12 2007
City <u>Islip Terr</u>	ace	State NY	Zip Code 11752	Transaction ID: SA11AI.8773 Amount of Each Receipt this Period
FEC ID nu	umber of contributing itical committee.	C		30.00
Company	ated Lîfe Insurance	Occupatio Chief Ac		
Receipt Fo		Aggregate	e Year-to-Date ▼ 570.00	
Full Name Martin R. C	(Last, First, Middle Initial) Cohen			Date of Receipt
Mailing Ad	dress 63 Jefferson Avenue			M M / D D / Y Y Y Y Y Y Y 2007
City		State	Zip Code	Transaction ID: SA11AI.8774
Islip Terr		NY	11752	Amount of Each Receipt this Period
	ımber of contributing itical committee.	C		30.00
Name of E Amalgama Company	Employer ated Life Insurance	Occupation Chief Ac		
Receipt Fo		Aggregate	e Year-to-Date ▼ 600.00	
Full Name Martin R. C	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress 63 Jefferson Avenue			10 10 2007
City		State	Zip Code	Transaction ID: SA11AI.8822
Islip Terr		NY	11752	Amount of Each Receipt this Period
	ımber of contributing itical committee.	C		30.00
<u>Company</u>	ated Lîfe Insurance	Occupatio Chief Ac	tuary	
Receipt Fo		Aggregate	e Year-to-Date ▼ 630.00	
SUBTOTAL	of Receipts This Page (optional)			90.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 83 (check only one) X
or for commercial pu	rposes, other than using the n MITTEE (In Full)	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Life Insurance Company	Political Ac	cuon Committee	
Martin R. Cohen	First, Middle Initial)			Date of Receipt
Mailing Address	63 Jefferson Avenue	01-1-	7'- 0-4-	10 24 2007
City <u>Islip Terrace</u>		State NY	Zip Code 11752	Transaction ID: SA11AI.8823 Amount of Each Receipt this Period
FEC ID number of federal political control		С		30.00
Name of Employe Amalgamated Lif Company	er e Insurance	Occupation Chief Act		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 660.00	
Full Name (Last, Martin R. Cohen	First, Middle Initial)			Date of Receipt
Mailing Address	63 Jefferson Avenue			M M / D D / Y Y Y Y Y Y 1 1 1 0 7 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.8868
Islip Terrace		NY	11752	Amount of Each Receipt this Period
FEC ID number of federal political control		C		30.00
Name of Employe Amalgamated Lif Company		Occupation Chief Act		
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 690.00	
Full Name (Last, Martin R. Cohen	First, Middle Initial)			Date of Receipt
Mailing Address	63 Jefferson Avenue			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.8869
Islip Terrace		NY	11752	Amount of Each Receipt this Period
FEC ID number of federal political co		C		30.00
Name of Employe Amalgamated Lif Company	er e Insurance	Occupation Chief Act	uary	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 720.00	
SUBTOTAL of Rec	eipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 83 (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 to NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	I Statements may not be sold or used by any pershe name and address of any political committee t	
Full Name (Last, First, Middle Initial)	any Political Action Committee	
Martin R. Cohen Mailing Address 63 Jefferson Avenue		Date of Receipt
City	State Zip Code	1 2 0 5 2 0 0 7 Transaction ID: SA11AI.8915
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 ▼ 750.00	
Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue		Date of Receipt
City	State Zip Code	1 2 1 9 2 0 0 7 Transaction ID: SA11Al.8916
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 ▼ 780.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan		Date of Receipt
Mailing Address 5933 Palmetto Stree	t	07 04 2007
City <u>Philadelphia</u>	State Zip Code PA 19120	Transaction ID: SA11AI.8651 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 ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)	1	80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 83 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	ıny Political A	ction Committee	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8652 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: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street	t		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.8702
Philadelphia FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period 20.00
Name of Employer	Occupatio VP	n	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street	t		0 8 1 5 2 0 0 7
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120	20.00
Name of Employer	Occupatio VP	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Page (optional)			60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street			Date of Receipt
	City	State PA	Zip Code	0 8 2 9 2 0 0 7 Transaction ID: SA11Al.8704
	Philadelphia FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer Receipt For:	Occupation VP	n • Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	360.00	
3.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street			Date of Receipt 0 9 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8775
	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	n	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00	
	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street	1		Date of Receipt 0 9 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8776
	Philadelphia FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation VP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		60.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 83 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d 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) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Stree	t		M M / D D / Y Y Y Y 1 1 0 1 0 1 0 2 0 0 7
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Stree	et		10 24 2007
City	State	Zip Code	Transaction ID: SA11AI.8825
Philadelphia FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	n	_
Receipt For: Primary General Other (specify) ▼	VP Aggregate	e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Stree	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120	20.00
Name of Employer	Occupation VP	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 83 (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 the	Statements ma e name and ad	ly 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 Compar	ny Political A	ction Committee	
∠ A .	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
	Mailing Address 5933 Palmetto Street			11 21 2007
	City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8871
	FEC ID number of contributing federal political committee.	C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
– В.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address F022 Palmette Street			Date of Receipt
	Mailing Address 5933 Palmetto Street			12 05 2007
	City	State	Zip Code	Transaction ID: SA11AI.8917
	Philadelphia FEC ID number of contributing federal political committee.	PA C	19120	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation VP	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan	1		Date of Receipt
	Mailing Address 5933 Palmetto Street			12 19 YYYY 12 19
	City Philadelphia	State PA	Zip Code 19120	Transaction ID: SA11AI.8918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation VP	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
	SUBTOTAL of Receipts This Page (optional) .			60.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 83 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt
Mailing Address 314 Foster Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sayville	State NY	Zip Code 11782	Transaction ID: SA11AI.8653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Co.	Occupatio SVP, Sal	n es & Mktg	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt
Mailing Address 314 Foster Avenue			07 18 2007
City Sayville	State NY	Zip Code 11782	Transaction ID: SA11AI.8654
FEC ID number of contributing federal political committee.	C	11702	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Co.	Occupatio SVP. Sal	n es & Mktg	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt
Mailing Address 314 Foster Avenue			0 8 0 1 2 0 0 7
City Sayville	State NY	Zip Code 11782	Transaction ID: SA11AI.8705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11705	20.00
Name of Employer Amalgamated Life Insurance Co.	Occupatio SVP, Sal	n es & Mktg	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]
SUBTOTAL of Receipts This Page (optional			60.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 83 (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 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 Compan	y Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt
	Mailing Address 314 Foster Avenue			08 / 15 / Y Y Y Y Y 2007
	City Sayville	State NY	Zip Code 11782	Transaction ID: SA11AI.8706 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11702	20.00
	Name of Employer Amalgamated Life Insurance Co. Receipt For: Primary General	, ' 	es & Mktg Year-to-Date ▼	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	340.00]
3.	Michael Hirsch Mailing Address 91 Bradford Lane			Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.8655
	Plainsboro FEC ID number of contributing federal political committee.	NJ C	08536	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
_ C.	Full Name (Last, First, Middle Initial) Michael Hirsch	1		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.8656
	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	Occupation Exec. VP	9-В	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		100.00
	TOTAL This Period (last page this line number	only)	······································	

NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp 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) ▼ 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) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal Political committee. Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Statements may not be sold or used by any persone name and address of any political committee to any Political Action Committee State Zip Code NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date 640.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amalgamated Life Insurance Comp 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) 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) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	State Zip Code NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8707 Amount of Each Receipt this Period
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) ▼ 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) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8707 Amount of Each Receipt this Period
City Plainsboro FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) 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) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FULL Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	NJ 08536 C Occupation Exec. VP-B Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8707 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) 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) Tull Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Occupation Exec. VP-B Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ 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) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Occupation Exec. VP-B Aggregate Year-to-Date ▼	
Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) 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) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Exec. VP-B Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 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) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.		
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) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.		
City Plainsboro FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.		Date of Receipt
Plainsboro FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	7.01	08 15 2007
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: SA11AI.8708
Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	NJ 08536	Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Occupation Exec. VP-B	
Michael Hirsch Mailing Address 91 Bradford Lane City Plainsboro FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 680.00	
City Plainsboro FEC ID number of contributing federal political committee.		Date of Receipt
Plainsboro FEC ID number of contributing federal political committee.		08 / 29 / Y Y Y Y
FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: SA11AI.8709
	NJ 08536	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP-B	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optiona		120.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) a category of the I Summary Page	FOR LINE NUMBER: PAGE 26 / 83 (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)	Statements may not be sold e name and address of any	d or used by any persor y political committee to	n for the purpose of soliciting contributions
Amalgamated Life Insurance Compa	y Political Action Com	nmittee	
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane			09 12 2007
City Plainsboro	State Zip Co NJ 08536		Transaction ID: SA11Al.8777
FEC ID number of contributing federal political committee.	C 08336		Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP-B		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	760.00	
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane			09 26 7 2007
City	State Zip Co		Transaction ID: SA11AI.8778
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536		Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP-B		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	800.00	
Full Name (Last, First, Middle Initial) Michael Hirsch	1		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 Co		Transaction ID: SA11AI.8826
Plainsboro FEC ID number of contributing federal political committee.	NJ 08536		Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance	Occupation Exec. VP-B		
Company Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	840.00	
SUBTOTAL of Receipts This Page (optional) .			120.00

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 83 (check only one) X 11a
or for commercial purposes, other the	an using the name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Amalgamated Life Insurance	e Company Political Ac	tion Committee	
Full Name (Last, First, Middle Ini Michael Hirsch	,		Date of Receipt
Mailing Address 91 Bradford	Lane		10 24 2007
City Plainsboro	State NJ	Zip Code 08536	Transaction ID: SA11AI.8827
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	Occupation Exec. VP-	В	
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Ini Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford	Lane		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.8872
<u>Plainsboro</u>	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. VP-		
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 920.00	
Full Name (Last, First, Middle Ini	ial)		Date of Receipt
Mailing Address 91 Bradford	Lane		1 1 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8873
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. VP-	В	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 960.00	
SUBTOTAL of Receipts This Page	(optional)		120.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information c or for commercial	opied from such Reports and S 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.
1 \	MMITTEE (In Full) ed Life Insurance Compan	y Political A	ction Committee	
Michael Hirsch	st, First, Middle Initial)			Date of Receipt
	ss 91 Bradford Lane			12 05 2007
City Plainsboro		State NJ	Zip Code 08536	Transaction ID: SA11AI.8919 Amount of Each Receipt this Period
	er of contributing I committee.	C		40.00
Name of Empl Amalgamated Company	oyer Life Insurance	Occupatio Exec. VF		
Receipt For: Primary	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La Michael Hirsch	st, First, Middle Initial)			Date of Receipt
Mailing Addres	ss 91 Bradford Lane			12 19 2007
City		State	Zip Code	Transaction ID: SA11AI.8920
Plainsboro FEC ID number federal political	er of contributing I committee.	C	08536	Amount of Each Receipt this Period 40.00
Name of Empl Amalgamated Company	oyer Life Insurance	Occupatio Exec. VF		
Receipt For: Primary	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1040.00	
Full Name (La: Jeanne Jarvis-I	st, First, Middle Initial) Meara			Date of Receipt
Mailing Addres	ss 42 Center Court			07 04 YYYY 2007
City	Li	State	Zip Code	Transaction ID: SA11AI.8657
Roslyn Heig FEC ID numbe federal politica	er of contributing	C	11577	Amount of Each Receipt this Period 40.00
<u>Company</u>	oyer Life Insurance		ice President	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
SUBTOTAL of F	Receipts This Page (optional)	I		120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 83 (check only one) X
Any or f	y information copied from such Reports and or commercial purposes, other than using t	l 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) Jeanne Jarvis-Meara			Date of Receipt
	Mailing Address 42 Center Court			07 18 2007
	City	State NY	Zip Code	Transaction ID: SA11AI.8658
	Roslyn Heights FEC ID number of contributing federal political committee.	C	11577	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Senior V	on ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara			Date of Receipt
	Mailing Address 42 Center Court			08 01 7 2007
	City	State	Zip Code	Transaction ID: SA11AI.8710
	Roslyn Heights	NY	11577	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 V	on lice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	640.00	
	Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara			Date of Receipt
	Mailing Address 42 Center Court			08 15 2007
	City	State	Zip Code	Transaction ID: SA11AI.8711
	Roslyn Heights	NY	11577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance Company		ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
	JBTOTAL of Receipts This Page (optional)	l		120.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 83 (check only one) X
or for commercial purposes NAME OF COMMITTEE	, other than using the name and E (In Full)	I address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Amaigamated Life in	surance Company Politica	a Action Committee	
Full Name (Last, First, M Jeanne Jarvis-Meara	,		Date of Receipt
Mailing Address 42 C	enter Court		08 29 2007
City	State NY	'	Transaction ID: SA11AI.8712
Roslyn Heights FEC ID number of contri federal political committe	buting	11577	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insura Company	Occup Senio	ation r Vice President	
Receipt For: Primary Other (specify) ▼	Aggre General	gate Year-to-Date ▼ 720.00	
Full Name (Last, First, M Jeanne Jarvis-Meara	liddle Initial)		Date of Receipt
Mailing Address 42 C	enter Court		09 12 2007
City	State	e Zip Code	Transaction ID: SA11AI.8779
Roslyn Heights	NY	11577	Amount of Each Receipt this Period
FEC ID number of contri federal political committee			40.00
Name of Employer Amalgamated Life Insura Company	Occup Senio	ation r Vice President	
Receipt For:	Aggre General	gate Year-to-Date ▼ 760.00	
Full Name (Last, First, M	liddle Initial)		Date of Receipt
Mailing Address 42 C	enter Court		09 26 2007
City	State	e Zip Code	Transaction ID: SA11AI.8780
Roslyn Heights	NY	11577	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			40.00
Name of Employer Amalgamated Life Insur- Company	Senio	r Vice President	
Receipt For: Primary Other (specify) ▼	Aggre Aggre	gate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts T	his Page (optional)		120.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 83 (check only one) X
Any inf	formation copied from such Reports and commercial purposes, other than using the	Statements mane name and ad	ly 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.
\	ME OF COMMITTEE (In Full) nalgamated Life Insurance Compa	ny Political A	ction Committee	
	Name (Last, First, Middle Initial) nne Jarvis-Meara			Date of Receipt
	ling Address 42 Center Court			10 10 2007
City		State NY	Zip Code	Transaction ID: SA11AI.8828
FE	slyn Heights C ID number of contributing eral political committee.	C	11577	Amount of Each Receipt this Period 40.00
Am	me of Employer algamated Life Insurance mpany	Occupation Senior V	on lice President	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	
Jea	Name (Last, First, Middle Initial) nne Jarvis-Meara			Date of Receipt
Mai 	ling Address 42 Center Court			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.8829
	slyn Heights	NY	11577	Amount of Each Receipt this Period
FE0	C ID number of contributing eral political committee.	C		40.00
Am	me of Employer algamated Life Insurance mpany	Occupation Senior V	on lice President	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	880.00	
	Name (Last, First, Middle Initial) nne Jarvis-Meara			Date of Receipt
Mai 	ling Address 42 Center Court			11 07 2007
City		State	Zip Code	Transaction ID: SA11Al.8874
· · · · · · · · · · · · · · · · · · ·	slyn Heights	NY	11577	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		40.00
Am <u>Cor</u>	me of Employer algamated Life Insurance mpany	- '	ice President	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 920.00	
OUDT	OTAL of Receipts This Page (optional)	1		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 83 (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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara Mailing Address 42 Center Court			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Roslyn Heights FEC ID number of contributing	State NY	Zip Code 11577	Transaction ID: SA11AI.8875 Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify)	- 	n ice President e Year-to-Date ▼ 960.00	40.00
Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara Mailing Address 42 Center Court			Date of Receipt 1 2 0 5 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8921
Roslyn Heights	NY	11577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:		n ice President e Year-to-Date ▼	
Primary General Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara			Date of Receipt
Mailing Address 42 Center Court			12 19 2007
City	State	Zip Code	Transaction ID: SA11AI.8922
Roslyn Heights	NY	11577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	- ' '	ice President	
Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1040.00	
SUBTOTAL of Receipts This Page (optional	<u>'</u>		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 33 / 83 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be so he name and address of a	old or used by any perso ny political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compa	any Political Action Co	mmittee	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenu	е		07 04 7 2007
City	State Zip (Code	Transaction ID: SA11Al.8661
Bloomfield	NJ 070	03	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance	Occupation Senior Vice Presi	idont	
Company Receipt For:	Aggregate Year-to-I		\dashv
Primary General	Aggregate Year-to-L		1
Other (specify) ▼		560.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt
Mailing Address 10 Claremont Avenu	е		07 18 2007
City	State Zip (Code	Transaction ID: SA11AI.8662
Bloomfield	NJ 070	03	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 Presi	ident	
Receipt For: Primary General Other (specify)	Aggregate Year-to-I	Date ▼ 600.00	1
Full Name (Last, First, Middle Initial)	0 0 0	0 0 0 0 0	1
Arthur M. Kurek Mailing Address 10 Claremont Avenu	e		Date of Receipt M M
City	State Zip (Code	Transaction ID: SA11AI.8716
Bloomfield	NJ 070	03	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 Pres	ident	
Receipt For:	Aggregate Year-to-I	Date ▼	
Primary General Other (specify) ▼		640.00	
			120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are 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 y the name and address of any political committee pany Political Action Committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aven	nue	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomfield FEC ID number of contributing	State Zip Code NJ 07003	Transaction ID: SA11AI.8717 Amount of Each Receipt this Period 40.00
Receipt For: Primary Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date 680.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aven	nue	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.8718
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 ▼ 720.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek	•	Date of Receipt
Mailing Address 10 Claremont Aven	nue	09 12 2007
City Bloomfield	State Zip Code NJ 07003	Transaction ID: SA11AI.8783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
SUBTOTAL of Receipts This Page (optional	· (le	120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 83 (check only one) X 11a
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 persong 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) Arthur M. Kurek Mailing Address 10 Claremont Aver	nue	Date of Receipt
City Bloomfield	State Zip Code NJ 07003	Transaction ID: SA11AI.8784 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation Senior Vice President Aggregate Year-to-Date 800.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aver	nue	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.8832
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 ▼ 840.00	
Full Name (Last, First, Middle Initial) Arthur M. Kurek		Date of Receipt
Mailing Address 10 Claremont Aver	nue	10 24 2007
City	State Zip Code	Transaction ID: SA11AI.8833
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 President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
SUBTOTAL of Receipts This Page (options	al)	120.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 83 (check only one) X
or for commercial NAME OF CC	opied from such Reports and S purposes, other than using the MMITTEE (In Full) ed Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La. Arthur M. Kurek	st, First, Middle Initial)			Date of Receipt
Mailing Addres City	ss 10 Claremont Avenue	State	Zip Code	1 1 0 7 2 0 0 7 Transaction ID: SA11Al.8878
Bloomfield		NJ	07003	Amount of Each Receipt this Period
•	er of contributing I committee.	C		40.00
Company Receipt For: Primary	over Life Insurance General pecify)		n ice President • Year-to-Date ▼ 920.00	
Arthur M. Kurek				Date of Receipt
Mailing Addres	ss 10 Claremont Avenue			11 21 2007
City		State	Zip Code	Transaction ID: SA11AI.8879
Bloomfield		NJ	07003	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		40.00
<u>Company</u>	oyer Life Insurance		ice President	
Receipt For: Primary Other (s	General pecify) ♥	Aggregate	e Year-to-Date ▼ 960.00	
Full Name (La Arthur M. Kureł	st, First, Middle Initial)			Date of Receipt
Mailing Addres	ss 10 Claremont Avenue			12 05 2007
City		State	Zip Code	Transaction ID: SA11AI.8925
Bloomfield		NJ	07003	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		40.00
<u>Company</u>	oyer Life Insurance		ice President	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of F	Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 37 / 83 (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 NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	the name and address of	f any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Arthur M. Kurek Mailing Address 10 Claremont Aver	lue		Date of Receipt
City Bloomfield FEC ID number of contributing		p Code 7003	Transaction ID: SA11AI.8926 Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice Pre Aggregate Year-to		
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge F	Road		Date of Receipt
City	State Zi	p Code	0 7 0 4 2 0 0 7 Transaction ID: SA11AI.8663
Scarsdale	NY 10	0583	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 President-AMN	•	
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 280.00]
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		07 18 7 2007
City	· ·	p Code	Transaction ID: SA11AI.8664
Scarsdale FEC ID number of contributing federal political committee.	NY 10	0583	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation President-AMM	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	1		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 38 / 83 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the 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 solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com			
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.8719 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 Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		0 8 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.8720
FEC ID number of contributing federal political committee.	C	10303	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
Mailing Address 84 Boulder Ridge F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.8721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Presiden	t-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
SUBTOTAL of Receipts This Page (options	al)	\	60.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 83 (check only one) X
or for comme	ion copied from such Reports and St ercial purposes, other than using the F COMMITTEE (In Full) mated Life Insurance Company	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Claire Lev Mailing Ar City Scarsda FEC ID n federal po Name of Amalgam Company Receipt F	ddress 84 Boulder Ridge Road alle umber of contributing blitical committee. Employer ated Life Insurance	State NY C Occupatio Presiden	t-AMM e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8785 Amount of Each Receipt this Period 20.00
Full Name Claire Lev Mailing Ar City Scarsda FEC ID n	ddress 84 Boulder Ridge Road	State NY	Zip Code 10583	Date of Receipt M M M / D D / 2 6
Company Receipt F Prir Oth	ated Lîfe Insurance for: nary General er (specify) ▼ e (Last, First, Middle Initial)	Occupatio Presiden Aggregate]
Claire Lev Mailing Ar City Scarsda FEC ID n federal po Name of I Amalgam Company Receipt F	itt-Davis ddress 84 Boulder Ridge Road tle umber of contributing olitical committee. Employer ated Life Insurance	State NY C Occupatio Presiden		Date of Receipt M M M / D D / 2007 Transaction ID: SA11AI.8834 Amount of Each Receipt this Period 20.00
SUBTOTAL	of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 83 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road		Date of Receipt
City Scarsdale	State NY	Zip Code 10583	Transaction ID: SA11AI.8835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company	Occupation President		20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road		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.8880
Scarsdale	NY	10583	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 Presiden	t-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00]
Full Name (Last, First, Middle Initial) Claire Levitt-Davis	•		Date of Receipt
Mailing Address 84 Boulder Ridge	Road		11 21 4 2007
City	State	Zip Code	Transaction ID: SA11AI.8881
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	t-AMM	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (option	nal)		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 83 (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 usin NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	and Statements may not be sold or used by any pe g the name and address of any political committee pany Political Action Committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road	Date of Receipt 1 2 0 5 2 0 0 7
City Scarsdale FEC ID number of contributing	State Zip Code NY 10583	Transaction ID: SA11AI.8927 Amount of Each Receipt this Period 20.00
Receipt For: Primary Other (specify) General General	Occupation President-AMM Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Claire Levitt-Davis Mailing Address 84 Boulder Ridge	Road	Date of Receipt 1 2 1 9 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.8928
Scarsdale	NY 10583	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 President-AMM	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Robert McCready		Date of Receipt
Mailing Address 72 Humphrey Driv	e	10 10 2007
City	State Zip Code	Transaction ID: SA11AI.8838
Syosset FEC ID number of contributing federal political committee.	NY 11791	Amount of Each Receipt this Period 10.00
Name of Employer Amalgamated Life Insurance	Occupation AVP-Group Ins.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (option	al)	50.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 83 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Compan	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u> \.	Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive			Date of Receipt 10 24 2007
	City Syosset	State NY	Zip Code 11791	Transaction ID: SA11AI.8839
	FEC ID number of contributing federal political committee.	C	11791	Amount of Each Receipt this Period 10.00
	Name of Employer Amalgamated Life Insurance Receipt For: Primary General Other (specify) ▼	Occupatio AVP-Gro Aggregate]
 B.	Full Name (Last, First, Middle Initial) Robert McCready Mailing Address 72 Humphrey Drive	1		Date of Receipt 1 1 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8884
	Syosset	NY	11791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance	Occupatio AVP-Gro		
	Receipt For: Primary General Other (specify) ▼	1 '	e Year-to-Date ▼ 230.00	
	Full Name (Last, First, Middle Initial) Robert McCready	<u> </u>		Date of Receipt
	Mailing Address 72 Humphrey Drive			M M / D D / Y Y Y Y Y Y 1 1 1 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8885
	Syosset	NY	11791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance	Occupatio AVP-Gro		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 240.00	
s	UBTOTAL of Receipts This Page (optional)	1		30.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 83 (check only one) X
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y 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	ny Political A	ction Committee	
<u>∠</u> \.	Full Name (Last, First, Middle Initial) Robert McCready			Date of Receipt
	Mailing Address 72 Humphrey Drive			12 05 2007
	City Syosset	State NY	Zip Code 11791	Transaction ID: SA11AI.8931 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Amalgamated Life Insurance	Occupation AVP-Gro		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Robert McCready			Date of Receipt
	Mailing Address 72 Humphrey Drive			12 19 2007
	City	State	Zip Code	Transaction ID: SA11AI.8932
	Syosset FEC ID number of contributing federal political committee.	C	11791	Amount of Each Receipt this Period 10.00
	Name of Employer Amalgamated Life Insurance	Occupation AVP-Gro		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
_	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City White Plains	State NY	Zip Code 10605	Transaction ID: SA11AI.8669 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 Presider	nt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
	SUBTOTAL of Receipts This Page (optional)			60.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or f	or commercial purposes, other than using the	Statements mane name and ad	y 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	ny Political A	ction Committee	
١	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			07 18 2007
	City White Plains	State NY	Zip Code 10605	Transaction ID: SA11AI.8670 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 Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			0 8 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8728
•	White Plains FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			08 15 2007
	City White Plains	State NY	Zip Code	Transaction ID: SA11AI.8729
•	FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
SL	IBTOTAL of Receipts This Page (optional)			120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 83 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any personderss 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) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			08 / 29 / 2007
	City White Plains	State NY	Zip Code 10605	Transaction ID: SA11AI.8730 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 Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 720.00	
_	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			09 12 2007
	City	State	Zip Code	Transaction ID: SA11AI.8791
	White Plains	NY	10605	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 President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		760.00	
	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			09 26 2007
	City	State	Zip Code	Transaction ID: SA11AI.8792
	White Plains FEC ID number of contributing	NY	10605	Amount of Each Receipt this Period
	federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 83 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 Comp	<u> </u>		
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			1 0 1 0 2 0 0 7
City White Plains	State NY	Zip Code	Transaction ID: SA11AI.8840
White Plains FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			10 24 2007
City White Plains	State NY	Zip Code 10605	Transaction ID: SA11AI.8841
FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance	Occupatio Presiden		
Company Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	880.00	
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			1 1 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8886
White Plains FEC ID number of contributing	C	10605	Amount of Each Receipt this Period 40.00
Federal political committee. Name of Employer Amalgamated Life Insurance	Occupatio Presiden		
Company Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		920.00	
SUBTOTAL of Receipts This Page (optional	al)		120.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 47 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports an for commercial purposes, other than using	d Statements may not be sol the name and address of an	ld or used by any person y political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	any Political Action Com	nmittee	
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			111 21 2007
City White Plains	State Zip Co NY 10609		Transaction ID: SA11AI.8887 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 President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 960.00	
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			1 2 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co		Transaction ID: SA11Al.8933
White Plains FEC ID number of contributing federal political committee.	NY 10609	5	Amount of Each Receipt this Period 40.00
Name of Employer Amalgamated Life Insurance Company	Occupation President		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	ate ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
Mailing Address 24 Burling Avenue			12 19 2007
City White Plains	State Zip Co		Transaction ID: SA11AI.8934 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 President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 1040.00	
UBTOTAL 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 48 / 83 (check only one) X
, c	any information copied from such Reports and r for commercial purposes, other than using t	d Statements ma the 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 Compa	any Political A	ction Committee	
۷.	Full Name (Last, First, Middle Initial) Joel E. Mueller			Date of Receipt
	Mailing Address 44 East Madison Av	enue		10 10 2007
	City Florham Park	State NJ	Zip Code 07932	Transaction ID: SA11AI.8842 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	n Investment	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
_ 3.	Full Name (Last, First, Middle Initial) Joel E. Mueller			Date of Receipt
	Mailing Address 44 East Madison Av	enue		10 24 2007
	City Florham Park	State NJ	Zip Code	Transaction ID: SA11AI.8843
	FEC ID number of contributing federal political committee.	C	07932	Amount of Each Receipt this Period
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	n Investment	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Joel E. Mueller			Date of Receipt
	Mailing Address 44 East Madison Av	enue		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City Florham Park	State NJ	Zip Code 07932	Transaction ID: SA11AI.8888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07302	10.00
	Name of Employer Amalgamated Life Insurance Company		Investment	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
	SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X) Use separate s for each categorate Summ	ory of the
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or use using the name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Amalgamated Life Insurance	Company Political Action Committee	
Full Name (Last, First, Middle Initia Joel E. Mueller		Date of Receipt
Mailing Address 44 East Madi		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8889
Florham Park FEC ID number of contributing federal political committee.	NJ 07932	Amount of Each Receipt this Period 10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Director Investment	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	240.00
Full Name (Last, First, Middle Initia Joel E. Mueller		Date of Receipt
Mailing Address 44 East Madi	son Avenue	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8935
Florham Park	NJ 07932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Director Investment	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial Joel E. Mueller)	Date of Receipt
Mailing Address 44 East Madi	son Avenue	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.8936
Florham Park	NJ 07932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Amalgamated Life Insurance Company	Occupation Director Investment	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00
SUBTOTAL of Receipts This Page (optional)	30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 83 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8673
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 Acc		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		280.00	
Full Name (Last, First, Middle Initial) William Porozok	<u> </u>		Date of Receipt
Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.8674
<u>Piscataway</u>	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 Acc		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			0 8 0 1 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.8734
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 Acc		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		320.00	
SUBTOTAL of Receipts This Page (optional	l)		60.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, C	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	by not be sold or used by any persoldress 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) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			08 / 15 / 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.8735
	Piscataway FEC ID number of contributing federal political committee.	NJ C	08854	Amount of Each Receipt this Period 20.00
	Name of Employer Amlagamated Life Insurance	Occupation		
	Company Receipt For:	Ave Acc	e Year-to-Date 🔻	-
	Primary General Other (specify) ▼	Aggregati	340.00	
 3.	Full Name (Last, First, Middle Initial) William Porozok	 		Date of Receipt
	Mailing Address 68 Mitchell Avenue			08 / 29 / 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.8736
	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 Acc		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
_ }.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			0 9 1 2 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.8795
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc	counting	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
	SUBTOTAL of Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 83 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			09 26 2007
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.8796 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		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			10 10 / 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.8844
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	Occupatio AVP Acc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	420.00	
Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Mailing Address 68 Mitchell Avenue			10 24 2007
City	State	Zip Code	Transaction ID: SA11AI.8845
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Amlagamated Life Insurance Company	Occupatio AVP Acc	ounting	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		440.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	ay not be sold or used by any persoldress 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	
∠ \ .	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			11 07 7 2007
	City	State NJ	Zip Code	Transaction ID: SA11AI.8890
	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	Occupation AVP Acc		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 460.00	
_ 3.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			11 21 2007
	City	State	Zip Code	Transaction ID: SA11AI.8891
	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 Acc		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	
- ;.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			12 05 2007
	City	State	Zip Code	Transaction ID: SA11Al.8937
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc	counting	
	Receipt For: Primary General	Aggregat	e Year-to-Date ▼	7
	Other (specify) ▼	0 0	500.00	
Γ		L		60.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using t	Statements mane 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	ction Committee	
۷.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			12 19 2007
	City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.8938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00004	20.00
	Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
- 3.	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
	Mailing Address 117 Burke Place			0 7 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.8675
	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	Occupation VP Final	on Ince Reporting	
	Company Receipt For:		e Year-to-Date V	
	Primary General Other (specify)		420.00	
. –	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
	Mailing Address 117 Burke Place			07 18 2007
	City	State	Zip Code	Transaction ID: SA11AI.8676
	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 Receipt For:	_ ' '	ince Reporting	
	Primary General Other (specify) ▼	Aggregati	e Year-to-Date ▼ 450.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		80.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 83 (check only one) X 11a
or for commercial purposes, other than u	ts and Statements may not be sold or used by any persong the name and address of any political committee to ompany Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Plac City Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8737 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 480.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Plac	9	Date of Receipt 0 8 1 5 2 0 0 7
City Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.8738 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 ▼ 510.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Plac	e	Date of Receipt 0 8 2 9 2 0 0 7
City Paramus FEC ID number of contributing federal political committee.	State Zip Code NJ 07652	Transaction ID: SA11AI.8739 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 ▼ 540.00	
SUBTOTAL of Receipts This Page (op	tional)	90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	d Statements may not be sold or used by any perso the name and address of any political committee to any Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General	State Zip Code NJ 07652 C Occupation VP, Finance Reporting Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8797 Amount of Each Receipt this Period 30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company	State Zip Code NJ 07652 C Occupation VP, Finance Reporting	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City Paramus FEC ID number of contributing federal political committee.	Aggregate Year-to-Date 600.00 State Zip Code NJ 07652	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 0 0 7 Transaction ID: SA11AI.8846 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	·	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57/83 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 Comp			
Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
Mailing Address 117 Burke Place			10 24 2007
City	State	Zip Code	Transaction ID: SA11AI.8847
Paramus FEC ID number of contributing federal political committee.	NJ C	07652	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼		nnce Reporting e Year-to-Date 660.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place	•		Date of Receipt 1 1 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8892
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	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		690.00	
Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt
Mailing Address 117 Burke Place			1 1 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8893
Paramus FEC ID number of contributing federal political committee.	NJ C	07652	Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company		nce Reporting	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional	al)		90.00

ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercia	copied from such Reports and S Il purposes, other than using the DMMITTEE (In Full)	Statements may e 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.
\	ted Life Insurance Compar	ny Political A	ction Committee	
Victoria R. Sar				Date of Receipt
Mailing Addre	ss 117 Burke Place	State	Zip Code	12 05 2007
City <u>Paramus</u>		NJ	21p Code 07652	Transaction ID: SA11AI.8939 Amount of Each Receipt this Period
·	per of contributing al committee.	C	07002	30.00
<u>Company</u>	lloyer I Life Insurance	, 	nce Reporting	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (La Victoria R. Sar	ast, First, Middle Initial) tor	_		Date of Receipt
Mailing Addre	ss 117 Burke Place			12 19 2007
City		State	Zip Code	Transaction ID: SA11AI.8940
<u>Paramus</u>		NJ	07652	Amount of Each Receipt this Period
FEC ID numb federal politic	er of contributing al committee.	С		30.00
<u>Company</u>	oloyer I Life Insurance		nce Reporting	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 780.00	
Full Name (La Mark Schwartz	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ss 130 Aspinwall 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.8677
Staten Islan		NY	10307	Amount of Each Receipt this Period
FEC ID numb federal politic	er of contributing al committee.	С		20.00
<u>Company</u>	oloyer I Life Insurance	Occupatio Corporat	e ATT.	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
SUPTOTAL of	Possinte This Page (entional)			80.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 83 (check only one) X
or for o	commercial purposes, other than using the ME 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.
An	nalgamated Life Insurance Compar	ny Political A	ction Committee	
. <u>Ma</u>	l Name (Last, First, Middle Initial) rk Schwartz			Date of Receipt
Ma 	iling Address 130 Aspinwall Street			07 18 2007
City		State	Zip Code	Transaction ID: SA11AI.8678
FE	aten Island C ID number of contributing eral political committee.	C	10307	Amount of Each Receipt this Period 20.00
Nai Am <u>Co</u>	me of Employer nalgamated Life Insurance mpany ceipt For:	Occupation Corporate		
	Primary General Other (specify) ▼		300.00	
	I Name (Last, First, Middle Initial) rk Schwartz			Date of Receipt
	iling Address 130 Aspinwall Street			0 8 0 1 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.8740
FE	aten Island C ID number of contributing eral political committee.	C	10307	Amount of Each Receipt this Period 20.00
Am	me of Employer nalgamated Life Insurance mpany	Occupation Corporate		
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
	I Name (Last, First, Middle Initial) rk Schwartz			Date of Receipt
Ма	iling Address 130 Aspinwall Street			08 15 2007
City	y	State	Zip Code	Transaction ID: SA11AI.8741
<u>Sta</u>	aten Island	NY	10307	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		20.00
Am <u>Co</u>	me of Employer nalgamated Life Insurance mpany	Occupation Corporate	e ATT.	
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
SUBT	FOTAL of Receipts This Page (optional) .			60.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 83 (check only one) X
or for cor	nmercial purposes, other than using the E OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ama	lgamated Life Insurance Compan	y Political A	ction Committee	
. Mark S	ame (Last, First, Middle Initial) Schwartz			Date of Receipt
Mailin 	g Address 130 Aspinwall Street			08 / 29 / 2007
City	un Inlama	State	Zip Code	Transaction ID: SA11AI.8742
FEC I	en Island D number of contributing al political committee.	C	10307	Amount of Each Receipt this Period 20.00
Name Amalo Comp Recei	of Employer gamated Life Insurance any pt For:	Occupatio Corporat Aggregate		
	Primary General Other (specify) ▼	0 0	360.00	
	ame (Last, First, Middle Initial) Schwartz	•		Date of Receipt
	g Address 130 Aspinwall 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: SA11Al.8799
<u>State</u>	en Island	NY	10307	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		20.00
Name Amalo Comp	of Employer gamated Life Insurance anny	Occupatio Corporat		
Recei	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
	ame (Last, First, Middle Initial) Schwartz			Date of Receipt
Mailin	g Address 130 Aspinwall Street			09 26 2007
City		State	Zip Code	Transaction ID: SA11AI.8800
·	en Island	NY	10307	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		20.00
Amalo <u>Comp</u>		Occupatio Corporat	e ATT.	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 400.00	
SUBTO	TAL of Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 83 (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 such Reports and such Reports a	d Statements may	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			
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street	t		10 10 2007
City Staten Island	State NY	Zip Code 10307	Transaction ID: SA11AI.8848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10007	20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street	t		10 24 2007
City	State	Zip Code	Transaction ID: SA11AI.8849
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	440.00	
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Street	t		1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City States Island	State	Zip Code	Transaction ID: SA11AI.8894
Staten Island FEC ID number of contributing	NY	10307	Amount of Each Receipt this Period
federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Corporat	e ATT.	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify) ▼		460.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		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 62 / 83 (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 addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Stree			11 21 2007
City <u>Staten Island</u>	State NY	Zip Code 10307	Transaction ID: SA11AI.8895 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.	D
Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
Mailing Address 130 Aspinwall Stree	t		1 2 0 5 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8941
Staten Island	NY	10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Amalgamated Life Insurance Company	Occupation Corporate	ATT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mark Schwartz	l		Date of Receipt
Mailing Address 130 Aspinwall Stree	t		1 2 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: SA11Al.8942
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		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)		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 63 / 83 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Amalgamated Life Insurance Comp	any Political A	ction Committee	
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			07 18 7 2007
City <u>Piscataway</u>	State NJ	Zip Code 08854	Transaction ID: SA11AI.8680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. Dir	n r. Fund & Pool	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			0 8 0 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8743
Piscataway FEC ID number of contributing	NJ	08854	Amount of Each Receipt this Period
federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. Dir	n r. Fund & Pool	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	224.00	
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			0 8 1 5 2 0 0 7
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.8744
FEC ID number of contributing federal political committee.	C	00004	Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company		r. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	
SUBTOTAL of Receipts This Page (optional			42.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 83 (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	nd Statements may the 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 Comp	<u> </u>		
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			08 29 2007
City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11AI.8745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00007	14.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General		r. Fund & Pool e Year-to-Date ▼	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue	0 0		Date of Receipt
City	State	Zip Code	0 9 1 2 2 0 0 7 Transaction ID: SA11AI.8801
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance Company	Occupatio Exec. Dir	n r. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			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.8802
Piscataway FEC ID number of contributing federal political committee.	NJ C	08854	Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company	- 	r. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional	al)		42.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 83 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp	d Statements may not be sold or used by any person the name and address of any political committee to s any Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee Souksay		Date of Receipt
Mailing Address 12 Bev Avenue City Piscataway	State Zip Code NJ 08854	Transaction ID: SA11AI.8850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify) ▼	Occupation Exec. Dir. Fund & Pool Aggregate Year-to-Date 294.00	
Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.8851
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 308.00	
Full Name (Last, First, Middle Initial) Lee Souksay		Date of Receipt
Mailing Address 12 Bev Avenue		1 1 0 7 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.8896
Piscataway FEC ID number of contributing federal political committee.	NJ 08854	Amount of Each Receipt this Period 14.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. Dir. Fund & Pool	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	
SUBTOTAL of Receipts This Page (optional)	42.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 83 (check only one) X
or for commercial purp	poses, other than using the n TTEE (In Full)	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ife Insurance Company	Political Ad	ction Committee	
Full Name (Last, Fi				Date of Receipt
	12 Bev Avenue	Chaha	7'a Cada	11 21 2007
City <u>Piscataway</u>		State NJ	Zip Code 08854	Transaction ID: SA11AI.8897 Amount of Each Receipt this Period
FEC ID number of federal political con		C		14.00
Name of Employer Amalgamated Life Company	Insurance	Occupation Exec. Dir	n . Fund & Pool	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 336.00]
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	12 Bev Avenue			1 2 0 5 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.8943
<u>Piscataway</u>		NJ	08854	Amount of Each Receipt this Period
FEC ID number of federal political con		C		14.00
Name of Employer Amalgamated Life Company	Insurance	Occupation Exec. Dir	n . Fund & Pool	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 350.00]
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	12 Bev Avenue			12 19 2007
City		State	Zip Code	Transaction ID: SA11AI.8944
Piscataway		NJ	08854	Amount of Each Receipt this Period
FEC ID number of federal political con		C		14.00
Name of Employer Amalgamated Life Company	Insurance	1	. Fund & Pool	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 364.00	
SUBTOTAL of Rece	pts This Page (optional)		.	42.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 83 (check only one) X 11a
Any information copied or for commercial purp	oses, other than using the na	ements may ame and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ife Insurance Company F	Political Ad	ction Committee	
Full Name (Last, F Thomas G. Thomps Mailing Address				Date of Receipt
City	25 South Ellott FA	State	Zip Code	0 7 0 4 2 0 0 7 Transaction ID: SA11AI.8681
Brooklyn		NY	11217	Amount of Each Receipt this Period
FEC ID number of federal political cor		C		30.00
Name of Employer Amalgamated Life Company	Insurance	Occupation VP	1	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 420.00]
Full Name (Last, F Thomas G. Thomps	on			Date of Receipt
Mailing Address	25 South Eliott PA			07 18 2007
City		State	Zip Code	Transaction ID: SA11AI.8682
Brooklyn		NY	11217	Amount of Each Receipt this Period
FEC ID number of federal political cor		С		30.00
Name of Employer Amalgamated Life Company	Insurance	Occupation VP		
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, F Thomas G. Thomps	on			Date of Receipt
Mailing Address	25 South Eliott PA			0 8 0 1 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.8746
Brooklyn		NY	11217	Amount of Each Receipt this Period
FEC ID number of federal political cor		С		30.00
Name of Employer Amalgamated Life Company	Insurance	Occupation VP		
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Rece	pts This Page (optional)			90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (criccit drilly drie)
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and address of any political comm	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	Company Political Action Committee	
Full Name (Last, First, Middle Initial Thomas G. Thompson Mailing Address 25 South Eliot		Date of Receipt
City	State Zip Code	0 8 1 5 2 0 0 7 Transaction ID: SA11Al.8747
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510	.00
Full Name (Last, First, Middle Initial Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliot	: PA	08 29 2007
City	State Zip Code	Transaction ID: SA11AI.8748
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540	.00
Full Name (Last, First, Middle Initial Thomas G. Thompson		Date of Receipt
Mailing Address 25 South Eliot	: PA	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.8803
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570	.00
SUBTOTAL of Receipts This Page (c	ptional)	90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the 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 of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			09 26 Y Y Y Y Y Y
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.8804 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	n	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			10 10 2007
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.8852 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	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			10 24 2007
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.8853 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	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optiona) }		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 70 / 83 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 Comp	<u> </u>		
Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
Mailing Address 25 South Eliott PA			1 1 0 7 2 0 0 7
	State NY	Zip Code 11217	Transaction ID: SA11AI.8898
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	Occupatio VP	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) Thomas G. Thompson	 		Date of Receipt
Mailing Address 25 South Eliott PA			1 1 2 1 2 0 0 7
City	State NY	Zip Code	Transaction ID: SA11AI.8899
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	Occupatio VP	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Thomas G. Thompson Mailing Address 25 South Eliott PA			1 2 0 5 2 0 0 7
City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11AI.8945
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	Occupatio VP	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	al)		90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any persusing the name and address of any political committee to ompany Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott City Brooklyn	PA State Zip Code NY 11217	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: SA11AI.8946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation VP Aggregate Year-to-Date ▼ 780.00	30.00
Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood La City Closter FEC ID number of contributing federal political committee.	State Zip Code NJ 07624	Date of Receipt M M M
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation AVP Finance Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood La City Closter	ne State Zip Code NJ 07624	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation AVP Finance Aggregate Year-to-Date 300.00	20.00
SUBTOTAL of Receipts This Page (or	tional)	70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /2/83 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the 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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Comp			
Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
Mailing Address 9 Lockwood Lane			M M / D D / Y Y Y Y Y O D O D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Closter	State NJ	Zip Code 07624	Transaction ID: SA11AI.8749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio AVP Fina		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
Mailing Address 9 Lockwood Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Closter	State NJ	Zip Code 07624	Transaction ID: SA11AI.8750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07027	20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio AVP Fina		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
Mailing Address 9 Lockwood Lane			08 29 2007
City Closter	State NJ	Zip Code 07624	Transaction ID: SA11AI.8751
FEC ID number of contributing federal political committee.	C	07024	Amount of Each Receipt this Period 20.00
Name of Employer Amalgamated Life Insurance Company	Occupatio AVP Fina	ance	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional	.0		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	aroos or arry pointed committee to		
Amalgamated Life Insurance Com	pany Political A	ction Committee	
Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
Mailing Address 9 Lockwood Lane	0 9 1 2 2 0 0 7		
City	State	Zip Code	Transaction ID: SA11AI.8805
Closter	NJ	07624	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 AVP Final		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		380.00	1
Full Name (Last, First, Middle Initial)	0 0		1
Rosanne Tralongo	Date of Receipt		
Mailing Address 9 Lockwood 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.8806
Closter	NJ	07624	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 AVP Final		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		400.00]
Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
Mailing Address 9 Lockwood 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.8854
Closter	NJ	07624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance	Occupation AVP Final		
Company Receipt For:		e Year-to-Date	\dashv
Primary General	, iggi ogali		1
Other (specify) ▼		420.00	
			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 74 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	d Statements ma he name and ad	ly 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			
. ∠ \.	Full Name (Last, First, Middle Initial) Rosanne Tralongo	Date of Receipt		
	Mailing Address 9 Lockwood Lane			10 24 7 2007
	City Closter	State NJ	Zip Code	Transaction ID: SA11AI.8855
	FEC ID number of contributing federal political committee.	C	07624	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fin		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
_	Full Name (Last, First, Middle Initial) Rosanne Tralongo	Date of Receipt		
	Mailing Address 9 Lockwood Lane	11 DD / YYYY 107 2007		
	City	State	Zip Code	Transaction ID: SA11AI.8900
	Closter FEC ID number of contributing federal political committee.	C	07624	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fin		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	
_	Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
	Mailing Address 9 Lockwood Lane			11 21 2007
	City	State	Zip Code	Transaction ID: SA11AI.8906
	Closter FEC ID number of contributing federal political committee.	NJ C	07624	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fin	ance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	UBTOTAL of Receipts This Page (optional)			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 75 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and for commercial purposes, other than using t	d Statements ma he name and ac	ay not be sold or used by any persoldress 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 <i>A</i>	Action Committee	
	Full Name (Last, First, Middle Initial) Rosanne Tralongo	Date of Receipt		
	Mailing Address 9 Lockwood Lane	-	7.0.1	12 05 2007
	City Closter	State NJ	Zip Code 07624	Transaction ID: SA11AI.8947
	FEC ID number of contributing federal political committee.	C	0/024	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fin		
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Rosanne Tralongo	Date of Receipt		
	Mailing Address 9 Lockwood Lane	12 19 2007		
	City	State	Zip Code	Transaction ID: SA11AI.8948
	Closter FEC ID number of contributing federal political committee.	C	07624	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fin		
	Receipt For: Primary General Other (specify)	Aggregat	te Year-to-Date 520.00	
	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			07 04 2007
	City	State	Zip Code	Transaction ID: SA11AI.8685
	Lawrence FEC ID number of contributing federal political committee.	C	01841	Amount of Each Receipt this Period 20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Director	on - AD. Service	
	Receipt For: Primary General Other (specify)	Aggregat	te Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any pusing the name and address of any political committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
	ompany Political Action Committee	T
Full Name (Last, First, Middle Initial) Elizabeth Veloso Mailing Address CA The system Of		Date of Receipt
Mailing Address 64 Thornton St		07 18 2007
City Lawrence	State Zip Code MA 01841	Transaction ID: SA11AI.8686 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 Director - AD. Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Elizabeth Veloso	Date of Receipt	
Mailing Address 64 Thornton St	reet	0 8
City	State Zip Code	Transaction ID: SA11AI.8752
Lawrence	MA 01841	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 Director - AD. Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Elizabeth Veloso		Date of Receipt
Mailing Address 64 Thornton St	reet	0 8 1 5 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.8753
Lawrence	MA 01841	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 Director - AD. Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Page (o)	tional)	60.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 83 (check only one) X
or for cor	mmercial purposes, other than using the E 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.
Ama	Igamated Life Insurance Compan	iy Political A	ction Committee	
. Elizab	lame (Last, First, Middle Initial) leth Veloso			Date of Receipt
Mailin ——	g Address 64 Thornton Street			09 12 2007
City		State	Zip Code	Transaction ID: SA11AI.8807
FEC	rence ID number of contributing al political committee.	C	01841	Amount of Each Receipt this Period 20.00
Amal <u>Com</u> r			- AD. Service	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 360.00	
	lame (Last, First, Middle Initial) eth Veloso	Date of Receipt		
Mailin	g Address 64 Thornton Street	09 / 26 / 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.8808
<u>Lawr</u>	rence	MA	01841	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		20.00
	e of Employer gamated Life Insurance	Occupatio Director	n - AD. Service	
Recei	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
	lame (Last, First, Middle Initial)			Date of Desciret
	g Address 64 Thornton Street			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.8856
Lawr	rence	MA	01841	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		20.00
Amal <u>(</u> <u>Com</u> r		, '	- AD. Service	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTO	TAL of Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(cricck drily drie)			
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
Amalgamated Life Insurance Con	npany Political Action Committee				
Full Name (Last, First, Middle Initial) Jeffrey Warbet		Date of Receipt			
Mailing Address 49-10 Scarboroug		07 04 7 2007			
City	State Zip Code	Transaction ID: SA11Al.8687			
Freehold FEC ID number of contributing federal political committee.	NJ 07728	Amount of Each Receipt this Period 20.00			
Name of Employer Amalgamated Life Insurance Company	Occupation Sr. Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00				
Full Name (Last, First, Middle Initial) Jeffrey Warbet	Date of Receipt				
Mailing Address 49-10 Scarborouç	Mailing Address 49-10 Scarborough Street				
City	State Zip Code	Transaction ID: SA11AI.8688			
Freehold	NJ 07728	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 Sr. Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial) Jeffrey Warbet		Date of Receipt			
Mailing Address 49-10 Scarboroug	h Street	08 01 2007			
City	State Zip Code	Transaction ID: SA11AI.8754			
Freehold	NJ 07728	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 Sr. Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00				
SUBTOTAL of Receipts This Page (option	nal)	60.00			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Cor	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarborous	ah Street		Date of Receipt	
City Freehold FEC ID number of contributing	State NJ	Zip Code 07728	Transaction ID: SA11AI.8755 Amount of Each Receipt this Period	
rederal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)		n President e Year-to-Date ▼	20.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet Mailing Address 49-10 Scarboroug	Date of Receipt 0 8 2 9 2 0 0 7			
City	City State Zip Code			
Freehold	NJ	07728	Transaction ID: SA11AI.8756 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer Amalgamated Life Insurance Company		President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]	
Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt	
Mailing Address 49-10 Scarborough Street			09 12 2007	
City	State NJ	Zip Code	Transaction ID: SA11AI.8809	
Freehold FEC ID number of contributing federal political committee.	C	07728	Amount of Each Receipt this Period 20.00	
Name of Employer Amalgamated Life Insurance Company	- + ·	President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00		
SUBTOTAL of Receipts This Page (optic	nal)		60.00	

A. Jet Ma Cit Fr RB. Jet Ma Cot Re Fu Na An Cot Re Fr	commercial purposes, other than using to the commercial purposes, other than using to the commercial purposes, other than using to the commercial purposes. The commercial purposes are compared to the commercial purposes and commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes are commercial purposes. The commercial purposes are commercial purposes are commercial purposes are commercial purpose	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ar. Jei Ma Cit Fr FE fec Na An Occ Re Fu Ma Cit Fr FF FF	nalgamated Life Insurance Compa Il Name (Last, First, Middle Initial) frey Warbet illing Address 49-10 Scarborough S y eehold C ID number of contributing leral political committee. me of Employer nalgamated Life Insurance impany ceipt For: Primary General	Street State Zip Code NJ 07728 C Occupation Sr. Vice President	Transaction ID: SA11AI.8810 Amount of Each Receipt this Period
A. Jet Ma Cit Fr Fe fec Re Ma An Cit Ma Cit Fr FE FF FE	frey Warbet illing Address 49-10 Scarborough S y eehold C ID number of contributing leral political committee. me of Employer nalgamated Life Insurance impany ceipt For: Primary General	State Zip Code NJ 07728 C Occupation Sr. Vice President	Transaction ID: SA11AI.8810 Amount of Each Receipt this Period
Cit Fr FE	y eehold C ID number of contributing leral political committee. me of Employer nalgamated Life Insurance impany ceipt For: Primary General	State Zip Code NJ 07728 C Occupation Sr. Vice President	Transaction ID: SA11AI.8810 Amount of Each Receipt this Period
Free fectors and sectors are sectors and sectors and sectors and sectors are sectors and sectors and sectors and sectors are sectors are sectors and sectors are sectors are sectors and sectors are sectors are sectors are sectors and sectors are s	eehold C ID number of contributing leral political committee. me of Employer lalgamated Life Insurance lampany ceipt For: Primary General	NJ 07728 C Occupation Sr. Vice President	Amount of Each Receipt this Period
FE fectors for the fectors for	C ID number of contributing leral political committee. me of Employer nalgamated Life Insurance impany ceipt For: Primary General	Occupation Sr. Vice President	
Fu Jei Ma	me of Employer nalgamated Life Insurance mpany ceipt For: Primary General	Occupation Sr. Vice President	20.00
Ann Co Re Fu B. Jef Ma Cit	nalgamated Lîfe Insurance mpany ceipt For: Primary General	Sr. Vice President	
Fu Fu Ma	ceipt For: Primary General	Aggregate Vear-to-Date ▼	
3. Jef Ma Cit <u>Fr</u>		Aggregate real to bate v	
3. Jef Ma Cit <u>Fr</u>	Other (specify) ▼	400.00	
Cit <u>Fr</u> FE	Il Name (Last, First, Middle Initial) frey Warbet	Date of Receipt	
<u>Fr</u> FE	iling Address 49-10 Scarborough S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FE	•	State Zip Code	Transaction ID: SA11AI.8857
	eehold	NJ 07728	Amount of Each Receipt this Period
160	C ID number of contributing leral political committee.	C	20.00
An	me of Employer nalgamated Life Insurance mpany	Occupation Sr. Vice President	
	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	
	Il Name (Last, First, Middle Initial) frey Warbet		Date of Receipt
Ma	iling Address 49-10 Scarborough S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Cit		State Zip Code	Transaction ID: SA11AI.8858
·	eehold	NJ 07728	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	20.00
An	me of Employer nalgamated Life Insurance mpany	Occupation Sr. Vice President	
Re	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	440.00	
SUB			i

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 83 (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 usin NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Com	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jeffrey Warbet	ipany i omioai 7		Date of Receipt
Mailing Address 49-10 Scarboroug	h Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Freehold</u>	State NJ	Zip Code 07728	Transaction ID: SA11AI.8901 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 Sr. Vice	n President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet	Date of Receipt		
Mailing Address 49-10 Scarboroug	11 21 2007		
City	State	Zip Code	Transaction ID: SA11AI.8902
Freehold	NJ	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 Sr. Vice	n President	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		480.00	
Full Name (Last, First, Middle Initial) Jeffrey Warbet	I		Date of Receipt
Mailing Address 49-10 Scarboroug	h Street		12 05 2007
City	State	Zip Code	Transaction ID: SA11AI.8949
Freehold	NJ	07728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Company		President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	<u> </u>		60.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 82 / 83
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company I	Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt
	Mailing Address 49-10 Scarborough Stree	et		12 19 2007
	City	State	Zip Code	Transaction ID: SA11AI.8950
	Freehold	NJ	07728	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 Sr. Vice	n President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	•	20.00
TOTAL This Period (last page this line number only)	•	5698.00

Image# 28990199015

S	CHEDULE B (FEC Form 3X)		LEODLINE	NUMBER: PAGE 83 / 83
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	y one) 22 X 23 24 25 26
_			27	28a 28b 28c 29 30b
	y Information copied from such Reports and Stati for commercial purposes, other than using the na		, , ,	· ·
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Amalgamated Life Insurance Company I	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.8958
	FRIENDS OF PHIL HARE			Date of Disbursement
				12 0 4 2 0 0 7
	Mailing Address 313 17th Street P.O. Box 4183			12 04 2007
	City	State Zip Code		Amount of Each Disbursement this Period
	Rock Island	IL 61202		
	Purpose of Disbursement	I		5000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbut	sement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	—	5000.00