

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street)

730 Broadway

☐Check if different
than previously
reported. (ACC)

New York

NY

10003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00369827

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Victoria R. Sartor

Signature of Treasurer

Electronically Filed by Victoria R. Sartor

Date

01

31

2008

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
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M	D D	Y Y Y Y
0 7	0 1	2 0 0 7

To:

M M	D D	Y Y Y Y
1 2	3 1	2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		48905.16
(b) Cash on Hand at Beginning of Reporting Period	50413.31	
(c) Total Receipts (from Line 19)	6193.40	12701.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56606.71	61606.71
7. Total Disbursements (from Line 31)	5000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51606.71	51606.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5698.00	8148.00
(i) Itemized (use Schedule A)		
(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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	6122.00	12534.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	71.40	167.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6193.40	12701.55
20. 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)	0.00	0.00
(i) Federal Share.....		
(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 Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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

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

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

FOR LINE NUMBER: PAGE 6 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8816

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8817

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8862

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8863

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8909

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Eusebio Borrero

Mailing Address 1966 Newbold Avenue

City

Bronx

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Supervisor QA/Training

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8910

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8818

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8819

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8864

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8865

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8911

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Nina Chakraborty

Mailing Address 244 Riverside

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Executive - VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8912

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8647

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8648

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8696

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8697

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 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

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8771

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8772

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8820

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8821

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8866

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8867

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8913

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Cleary

Mailing Address 3111 Timothy Road

City

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State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8914

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8649

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

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11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8650

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8699

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8700

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8701

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8773

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8774

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8822

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

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City

Islip Terrace

State

NY

Zip Code

11752

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8823

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8868

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Chief Actuary

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8869

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8915

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martin R. Cohen

Mailing Address 63 Jefferson Avenue

City

Islip Terrace

State

NY

Zip Code

11752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8916

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8651

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 19 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8652

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8702

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8703

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8704

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8775

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8776

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8824

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

PA

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19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8825

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

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19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8870

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 22 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8871

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

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19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8917

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City

Philadelphia

State

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Zip Code

19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8918

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas D. Delaney

Mailing Address 314 Foster Avenue

City

Sayville

State

NY

Zip Code

11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8653

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Delaney

Mailing Address 314 Foster Avenue

City

Sayville

State

NY

Zip Code

11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8654

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Thomas D. Delaney

Mailing Address 314 Foster Avenue

City

Sayville

State

NY

Zip Code

11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8705

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation

SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8706

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8655

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

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State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8656

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 83

(check only one)

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C

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Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8707

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8708

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8709

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 26 / 83

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8777

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

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NJ

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C

Name of Employer
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Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8778

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8826

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 83

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8827

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

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Name of Employer
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Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8872

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

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C

Name of Employer
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Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8873

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 28 / 83

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8919

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City

Plainsboro

State

NJ

Zip Code

08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8920

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8657

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 29 / 83

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8658

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

11577

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8710

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8711

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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Zip Code

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8712

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

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NY

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11577

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8779

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8780

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8828

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

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Name of Employer
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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8829

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

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City

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C

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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8874

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 32 / 83

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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8875

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8921

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

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Mailing Address 42 Center Court

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C

Name of Employer
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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8922

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8661

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

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07003

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8662

Amount of Each Receipt this Period

40.00

C.

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Receipt For:

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☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8716

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8717

Amount of Each Receipt this Period

40.00

B.

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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8718

Amount of Each Receipt this Period

40.00

C.

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C

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Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8783

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
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Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8784

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

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federal political committee.

C

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Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8832

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City

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07003

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federal political committee.

C

Name of Employer
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Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8833

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 36 / 83

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Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8878

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

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C

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Occupation

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8879

Amount of Each Receipt this Period

40.00

C.

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Arthur M. Kurek

Mailing Address 10 Claremont Avenue

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federal political committee.

C

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Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8925

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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 Bloomfield NJ 07003

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C

Name of Employer
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Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8926

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8663

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

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federal political committee.

C

Name of Employer
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Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8664

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 38 / 83

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8719

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

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C

Name of Employer
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Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8720

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City

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C

Name of Employer
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Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8721

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 83

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8785

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

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10583

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C

Name of Employer
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Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8786

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

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C

Name of Employer
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President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8834

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8835

Amount of Each Receipt this Period

20.00

B.

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Receipt For:

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Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8880

Amount of Each Receipt this Period

20.00

C.

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Receipt For:

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Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8881

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Occupation

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8927

Amount of Each Receipt this Period

20.00

B.

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Occupation

President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8928

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8838

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 42 / 83

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Mailing Address 72 Humphrey Drive

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NY

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8839

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Robert McCready

Mailing Address 72 Humphrey Drive

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NY

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C

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Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8884

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

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Mailing Address 72 Humphrey Drive

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AVP-Group Ins.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8885

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Occupation

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Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8931

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Robert McCready

Mailing Address 72 Humphrey Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance

Occupation

AVP-Group Ins.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8932

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8669

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8670

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8728

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8729

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8730

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8791

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8792

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8840

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8841

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8886

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8887

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8933

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ronald Minikes

Mailing Address 24 Burling Avenue

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8934

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8842

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8843

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8888

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8889

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8935

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Joel E. Mueller

Mailing Address 44 East Madison Avenue

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8936

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8673

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8674

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8734

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8735

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8736

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8795

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8796

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8844

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8845

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8890

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8891

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8937

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

AVP Accounting

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8938

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8675

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8676

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8737

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

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Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8738

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

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State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8739

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8797

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8798

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8846

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8847

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8892

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8893

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8939

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Finance Reporting

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8940

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8677

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8678

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8740

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8741

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8742

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8799

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate ATT.

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8800

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8848

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8849

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8894

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8895

Amount of Each Receipt this Period

20.00

D

B.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8941

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Corporate ATT.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8942

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8680

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8743

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8744

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8745

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8801

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8802

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8850

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8851

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Exec. Dir. Fund & Pool

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8896

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Exec. Dir. Fund & Pool

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8897

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

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Zip Code

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Exec. Dir. Fund & Pool

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8943

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Lee Souksay

Mailing Address 12 Bev Avenue

City

Piscataway

State

NJ

Zip Code

08854

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Exec. Dir. Fund & Pool

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8944

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 83

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8681

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

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State

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C

Name of Employer
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VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8682

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

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C

Name of Employer
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VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8746

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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City

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8747

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

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State

NY

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8748

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8803

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 69 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8804

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8852

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8853

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8898

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8899

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Eliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8945

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Thomas G. Thompson

Mailing Address 25 South Elliott PA

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8946

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

Closter

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8683

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

Closter

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8684

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8749

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8750

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
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Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8751

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8805

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

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07624

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C

Name of Employer
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Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8806

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

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federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8854

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8855

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8900

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8906

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8947

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City

State

Zip Code

Closter

NJ

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8948

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

State

Zip Code

Lawrence

MA

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8685

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8686

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8752

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8753

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8807

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8808

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Veloso

Mailing Address 64 Thornton Street

City

Lawrence

State

MA

Zip Code

01841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Director - AD. Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8856

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.8687

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8688

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.8754

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 83

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.8755

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.8756

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.8809

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8810

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.8857

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.8858

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.8901

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.8902

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

State

Zip Code

Freehold

NJ

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8949

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.8950

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

5698.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF PHIL HARE

Mailing Address 313 17th Street
P.O. Box 4183

City State Zip Code
Rock Island IL 61202

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.8958

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00