

**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

01

01

2007

through

06

30

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

07

30

2007

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. 02/2003)

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	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	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	48905.16	
(c) Total Receipts (from Line 19)	6508.15	6508.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55413.31	55413.31
7. Total Disbursements (from Line 31)	5000.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50413.31	50413.31
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. 02/2003)

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	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	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	2450.00	2450.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3962.00	3962.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	6412.00	6412.00
(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) ➤	6412.00	6412.00
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.)	96.15	96.15
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))	6508.15	6508.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6508.15	6508.15

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	5000.00
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	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		5000.00	5000.00

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)	6412.00	6412.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6412.00	6412.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(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) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8545 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8592 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8616 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: SA11A1.8447 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.8498 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.8499 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.8546 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8547 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8593 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)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8617 Amount of Each Receipt this Period 30.00
Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Chief Actuary Aggregate Year-to-Date ▼ 390.00
B. Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City State Zip Code Philadelphia PA 19120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8549 Amount of Each Receipt this Period 20.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation VP Aggregate Year-to-Date ▼ 220.00
C. Full Name (Last, First, Middle Initial) Patrick J. Coughlan Mailing Address 5933 Palmetto Street City State Zip Code Philadelphia PA 19120 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8594 Amount of Each Receipt this Period 20.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation VP Aggregate Year-to-Date ▼ 240.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8618 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	7	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	0		2	0	0	7																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8551 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	7	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	3		2	0	0	7																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8595 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	7	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	6		2	0	0	7																							
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(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

Full Name (Last, First, Middle Initial)

A. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8619

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.8452

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.8453

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.8504 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.8505 Amount of Each Receipt this Period 40.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.8552 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 13 / 33

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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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8553 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8596 Amount of Each Receipt this Period 40.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8620 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 14 / 33

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.8454

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.8455

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11A1.8506

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

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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

Full Name (Last, First, Middle Initial)

A. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.8507

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.8554

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8555

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(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

Full Name (Last, First, Middle Initial)

A. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8597

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 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 ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8621

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.8458

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(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

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.8459

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11A1.8510

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.8511

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 18 / 33

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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

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.8558

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8559

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11A1.8599

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(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

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 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 ▼

520.00

Date of Receipt

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

Transaction ID: SA11A1.8623

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8561

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8600

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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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8624

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Ronald Minikes

Mailing Address 24 Burling Avenue

City State Zip Code
 White Plains NY 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.8466

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Ronald Minikes

Mailing Address 24 Burling Avenue

City State Zip Code
 White Plains NY 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.8467

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

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☐ 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 State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.8518 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.8519 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.8566 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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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

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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) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8567 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8603 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8627 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(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)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8571

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8605

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8629

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(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 State Zip Code
 Paramus NJ 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.8473

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8524

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.8525

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(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 State Zip Code
 Paramus NJ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.8572

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8573

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 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 ▼

360.00

Date of Receipt

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

Transaction ID: SA11A1.8606

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(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 State Zip Code
 Paramus NJ 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 ▼

390.00

Date of Receipt

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

Transaction ID: SA11A1.8630

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City State Zip Code
 Staten Island NY 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8575

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Mark Schwartz

Mailing Address 130 Aspinwall Street

City State Zip Code
 Staten Island NY 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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8607

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8631 Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: SA11A1.8479 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.8530 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(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

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.8531

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.8578

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8579

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 33

(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

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 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 ▼

360.00

Date of Receipt

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

Transaction ID: SA11A1.8609

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 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 ▼

390.00

Date of Receipt

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

Transaction ID: SA11A1.8633

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8581

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 33

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8610 Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8634 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8583 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 33

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.8611 Amount of Each Receipt this Period 20.00
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.8635 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.8585 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 33

(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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11A1.8612

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11A1.8636

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

2450.00

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 33 / 33

<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

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

Full Name (Last, First, Middle Initial)

A. Latino Latino Citizens for Respect

Mailing Address 371 Whitfield, #3

City
Guilford

State
CT

Zip Code
06437

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.8439

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

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