The Guardian

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 9 19 AM '98

201 Park Avenue South
New York, NY 10003
212/598-8393
FAX 212/529-9304

Deborah Connolly
Senior Counsel

Via Certified Mail

January 30,1998

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: Guardian Life Insurance Company of America Political Action Committee
FEC Identification No. C00173393
January 31 Year End Report

Gentlemen:

Enclosed is our January 31 Year End Report.

Very truly yours,

Deborah Connolly

Deborah Connolly
Senior Counsel

DC/ cw
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 9 19 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. C00173393 120597 N 236
EDWARD K KANE
GUARDIAN LIFE INSURANCE COMPAN
Y OF AMERICA POLITICAL ACTION
201 PARK AVENUE SOUTH
NEW YORK NY 10003

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☑ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-97 through 12-31-97		
6. (a) Cash on Hand January 1, 19 97		$ 34,974.26
(b) Cash on Hand at Beginning of Reporting Period	$ 28,139.32	
(c) Total Receipts (from Line 19)	$ 4090.69	$ 9,755.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 32,230.01	$ 44,730.01
7. Total Disbursements (from Line 30)	$ 14,946.63	$ 27,446.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 17,283.38	$ 17,283.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Edward Kane

Signature of Treasurer
Edward Kane/dc

Date
1-30-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE2AN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Guardian Life Insurance Co. of America Political Act. Comm.

REPORT COVERING PERIOD FROM 7-1-97 TO 12-31-97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4047.19	9570.75	11a(i)
ii. Unitemized	43.50	185.00	11a(ii)
iii. Total (add i and ii) ➤	4090.69	9755.75	11a(iii)
b. Political Party Committees	0	0	11b)
c. Other Political Committees (such as PACs)	0	0	11c)
d. Total Contributions (add a iii, b and c) ➤	4090.69	9755.75	11d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4090.69	9755.75	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4090.69	9755.75	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21a(i)
ii. Non-Federal Share	0	0	21a(ii)
b. Other Federal Operating Expenditures	0	0	21b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7250.00	19,750	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a)
b. Political Party Committees	0	0	28b)
c. Other Political Committees (such as PACs)	0	0	28c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28d)
29. Other Disbursements	7696.63	7696.63	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,946.63	27,446.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,946.63	27,446.63	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7250.00	19,750.00	32
33. Total Contribution Refunds (from line 28d)	0		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7250.00	19,750.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a.

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)

Guardian Life Insurance Co. of America Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Burns 552 Wilson Avenue Glen Ellyn, Illinois 60137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date > $ 250	semi-monthly payroll deduction	$130 ($10.00 per pay period)
B. Armand de Palo 228 Aster Street Massapequa Park, New York 11762 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 319	semi-monthly payroll deduction	$150.28 ($11.56 per pay period)
C. John Fagan 46 Temple Lane Suffern, New York 10901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 375	semi-monthly payroll deduction	$195.00 ($15.00 per pay period)
D. Sanford Herman 14 Ramapo Trail Harrison, New York 10528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 328	semi-monthly payroll deduction	$170.56 ($13.12 per pay period)
E. John Hurley 55 Meritoria Drive East Williston, New York 11596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 187.50	semi-monthly payroll deduction	$97.50 ($7.50 per pay period)
F. Peter Hutchings 300 Central Park West New York, New York 10024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 468.75	semi-monthly payroll deduction	$243.75 ($18.75 per pay period)
G. Thomas Kabele 24 Rural Drive New Canaan, Connecticut 06840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 1150	semi-monthly payroll deduction	$650 ($50.00 per pay period)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11a i

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)
Guardian Life Insurance Company of America Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Douglas Kramer, 73 Brooke Club, Ossining, New York 10562 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / Sr. Vice President / Aggregate Year-to-Date > $ 250	semi monthly payroll deduction	$130.00 ($10.00 per pay period)
B. Terence Lynch, 22 Reynen Court, Ridgewood, New Jersey 07450 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / Vice President / Aggregate Year-to-Date > $ 293.75	semi monthly payroll deduction	$142.35 ($10.95 per pay period)
C. Eileen McDonnell, 481 First Street, Oradell, New Jersey 07649 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co of America / Vice President / Aggregate Year-to-Date > $ 375	semi monthly payroll deduction	$195.00 ($15.00 per pay period)
D. John O'Callaghan, 405 St. Ives Drive, Severna Park, Maryland 21142 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / Sales Director / Aggregate Year-to-Date > $ 375	semi monthly payroll deduction	$195.00 ($15.00 per pay period)
E. John Pallotta, Jr., 38 Eileen Drive, Mahwah, New Jersey 07430 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / Sr. Vice President / Aggregate Year-to-Date > $ 720	semi monthly payroll deduction	$360.00 ($30.00 for 12 pay periods)
F. Edward Phelan, 933 Doncaster Drive, Walnut Creek, California 94598 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / Sales Director / Aggregate Year-to-Date > $ 400	semi monthly payroll deduction	$208.00 ($16.00 per pay period)
G. Joseph Sargent St., 231 Balmforth St., Black Rock, Connecticut 06605 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America / President + CEO / Aggregate Year-to-Date > $ 960	semi monthly payroll deduction	$520.00 ($40.00 per pay period)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11a.

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)
Guardian Life Insurance Company of America Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Stephen Scarpati 1333 McKed Street Yorktown Heights, New York 10598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date: $ 424	semi-monthly payroll deduction	$221 ($17.00 per pay period)
B. Full Name, Mailing Address and ZIP Code Henry Slattery 42 Harbor Park Drive Centerport, New York 11721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date: $ 375	semi-monthly payroll deduction	$195.00 ($15.00 per pay period)
C. Full Name, Mailing Address and ZIP Code Franklin Sorrentino 3564 Verona Place Seaford, New York 11783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date: $ 468.75	semi-monthly payroll deduction	$243.75 ($18.75 per pay period)
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	4047.19

FETA/N047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)
Guardian Life Insurance Company of America Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Lazio for Congress PO Box 5063 Bayshore, New York 11706	contribution/reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7·25·97	2,000.00
B. Empire Majority Leadership Fund P.O. Box 456 Washington, D.C. 20044	contribution/reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8·4·97	1,000.00
C. Earl Pomeroy for Congress P.O. Box 75214 Washington, D.C. 20013-5214	contribution/reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9·11·97	1,000.00
D. Rangel for the 106th Congress PO Box 5577 New York, New York 10027	contribution/fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9·16·97	500.00
E. Friends of Gerald Solomon P.O. Box 459 Saratoga Springs, New York 12866	Contribution/fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10·6·97	1,000.00
F. Eric Vitaliano for Congress P.O. Box 60602 Staten Island, New York 10306	Contribution/reception Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10·6·97	250.00
G. Eric Vitaliano for Congress PO Box 60602 Staten Island, New York 10306	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10·24·97	500.00
H. Sue Kelly for Congress P.O. Box 676 Katonah, New York 10536	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11·14·97	500.00
I. Pennsylvanians for Kanjorski P.O. Box 2884 Washington, D.C. 20013	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12·12·97	500.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $7,250.00

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 2-9

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)
Guardian Life Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chase Bank has debited our PAC checking account, in error, for returned check. We are trying to	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		7696.63
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
correct this matter. In the meantime, I am reporting it as a disbursement.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	7,696.63

FEC FORM 3X

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

☒	Hand Delivered	Date of Receipt 2-2-98
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

MVD	2-2-98
PREPARER	DATE PREPARED

(7/97)