The Guardian

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Deborah Connolly
Counsel

VIA CERTIFIED MAIL

July 28, 1995

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 Mid Year Report

Gentlemen:

Enclosed is our Mid Year Report.

Very truly yours,

Deborah Connolly
Counsel

DC/jd
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00173393 061495 n 251
EDWARD K KANE
GUARDIAN LIFE INSURANCE COMPAN
Y OF AMERICA POLITICAL ACTION
201 PARK AVENUE SOUTH
NEW YORK NY 10003

2. FEC IDENTIFICATION NUMBER
C00173393

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 1-1-95 through 6-30-95		
6. (a) Cash on Hand January 1, 19____		$ 33,822.46
(b) Cash on Hand at Beginning of Reporting Period	$ 33,822.46	
(c) Total Receipts (from Line 19)	$ 3,616.53	$ 3,616.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 37,438.99	$ 37,438.99
7. Total Disbursements (from Line 30)	$ 10,000.00	$ 10,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27,438.99	$ 27,438.99
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 K. Kane

Signature of Treasurer: Edward K. Kane

Date: 7-28-95

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)

FE3AN068

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

(revised 1/1/91)

NAME OF COMMITTEE: Quindaro Life Insurance Co. of America Political Action Committee

REPORT COVERING PERIOD FROM 1-1-95 TO 6-30-95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3439.28	3439.28	11(a)(i)
ii. Unitemized	177.25	177.25	11(a)(ii)
iii. Total (add i and ii) ➤	3616.53	3616.53	11(a)(iii)
b. Political Party Committees	0		11(b)
c. Other Political Committees (such as PACs)	0		11(c)
d. Total Contributions (add a iii, b and c) ➤	3616.53	3616.53	11(d)
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) ➤	0	0	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3616.53	3616.53	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000	10,000	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	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,000	10,000	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,000	10,000	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3616.53	3616.53	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3616.53	3616.53	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

FES4N068

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Sargent 231 Palmfortth Street Black Rock Connecticut 06605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins Co. of America President $ 520	twice monthly payroll deduction	$260 ($130 per pay period)
B. 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
Henry Slattery 615 E. Lindbergh Street Appleton, Wisconsin 54911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins Co of America Vice President $ 195	twice monthly payroll deduction	$195 (195 per pay period)
C. 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
John Falletta, Jr. 38 Eileen Drive Mahwah, New Jersey 07430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co of America Sr. Vice President $ 390	twice monthly payroll deduction	$390 (130 per pay period)
D. 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
John M. Smith 45 Cedar Lake West Denville, New Jersey 07834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co of America Sr Vice President $ 520	twice monthly payroll deduction	$520 ($260 per pay period)
E. 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
Douglas Kramer 73 Brooke Club Ossining New York 10562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Vice President $ 130	twice monthly payroll deduction	$130 ($10 per pay period)
F. 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
Thomas Kakele 24 Rural Drive New Canaan, Connecticut 06840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co of America Sr. Vice President $ 650	twice monthly payroll deduction	$650 ($50 per pay period)
G. 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
Armand de Palo 325 Foster Street Massapequa Park, New York 11762 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation $ 150.28	twice monthly payroll deduction	$150.28 ($11.56 per pay period)

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

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

FEBANI066

0 0 3 3 2 9 3 1 1 4

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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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	Date (month, day, year)	Amount of Each Receipt this Period
A. John O'Callaghan 405 St. Ives Drive Severna Park, Maryland 21146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date: $ 195	twice monthly payroll deduction	$195 ($15 per pay period)
B. 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: $ 130	twice monthly payroll deduction	$130 ($10 per pay period
C. Stephen Scarpati 1333 McKeel Street Yorktown Heights, New York 12598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date: $ 221	twice monthly payroll deduction	$221 ($17 per pay period)
D. Edward Phelan 793 Doncaster Drive Walnut Creek, California 94598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date: $ 208	twice monthly payroll deduction	$208 ($16 per pay period)
E. Michael Burns 552 Wilton 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: $ 130	twice monthly payroll deduction	$130 ($10 per pay period
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	3439.28

FE8AN066

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) Jewish Life Insurance Company of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code HIPAC 1025 Connecticut Ave. N.W. Suite 1100 Washington, D.C. 20036-3998	Purpose of Disbursement contribution to trade association, etc. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3-15-95	Amount of Each Disbursement This Period 1,500.00
B. Full Name, Mailing Address and ZIP Code LIFE-PAC 1001 Pennsylvania Ave N.W. Washington, D.C. 20004-2595	Purpose of Disbursement contribution to trade association PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-25-95	Amount of Each Disbursement This Period 1,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $12,000

FE5AN066

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 received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-28-95
☐	No Postmark	
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☐	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

SEH.
PREPARER

7-28-95
DATE PREPARED

FEC FORM 70-2 (12/92)