

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 GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

ADDRESS (number and street) 7 HANOVER SQUARE C/O EDWARD KANE NEW YORK NY 10004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00173393 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 Mr. John Hurley

Signature of Treasurer Electronically Filed by Mr. John Hurley Date 06 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">10500.54</td></tr></table>	10500.54
Y	Y	Y	Y									
2	0	0	7									
10500.54												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">10500.54</td></tr></table>	10500.54										
10500.54												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">4645.00</td></tr></table>	4645.00	<table border="1" style="width: 100%;"><tr><td align="right">4645.00</td></tr></table>	4645.00								
4645.00												
4645.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">15145.54</td></tr></table>	15145.54	<table border="1" style="width: 100%;"><tr><td align="right">15145.54</td></tr></table>	15145.54								
15145.54												
15145.54												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">4000.00</td></tr></table>	4000.00	<table border="1" style="width: 100%;"><tr><td align="right">4000.00</td></tr></table>	4000.00								
4000.00												
4000.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">11145.54</td></tr></table>	11145.54	<table border="1" style="width: 100%;"><tr><td align="right">11145.54</td></tr></table>	11145.54								
11145.54												
11145.54												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
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	4200.00	4200.00
(i) Itemized (use Schedule A)	445.00	445.00
(ii) Unitemized	4645.00	4645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4645.00	4645.00
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.)	0.00	0.00
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))	4645.00	4645.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4645.00	4645.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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))..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	4645.00	4645.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4645.00	4645.00
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: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A. Full Name (Last, First, Middle Initial) Ms Sarah Awan-Johnson		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 453 East 14th Street Apt. 8C		Transaction ID: SA11A1.4127	
City State Zip Code New York NY 10009		Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Guardian Life Insurance Compan		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

B. Full Name (Last, First, Middle Initial) Mr. Michael F. Byrne		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 206 Schindler Drive		Transaction ID: SA11A1.4102	
City State Zip Code Florham Park NJ 07932		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Guardian Life Insurance Compan		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
		Semi-Monthly Payroll Deduction	

C. Full Name (Last, First, Middle Initial) Mr. John Cifu		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 8 Brookside Drive		Transaction ID: SA11A1.4104	
City State Zip Code Goshen NY 10924		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Berkshire Life Insurance Compa		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
		Semi-Monthly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional) ▶	1140.00
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)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A. Full Name (Last, First, Middle Initial) Michael D. Fleming		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 58 Colgate Avenue		Transaction ID: SA11A1.4136	
City State Zip Code Yonkers NY 10703	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Guardian Life Insurance Compan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) Mr. John P. Foley		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 2 Gold Street Apt. 4703		Transaction ID: SA11A1.4106	
City State Zip Code New York NY 10038	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Guardian Life Insurance Compan	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Semi-Monthly Payroll Deduction

C. Full Name (Last, First, Middle Initial) Mr. Alexander Grant		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 345 Essex 57 Street Apt. 16D		Transaction ID: SA11A1.4108	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Guardian Life Insurance Compan	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Semi-Monthly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶	1440.00
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)	PAGE 8 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A. Full Name (Last, First, Middle Initial)
 Mr. Thomas Greaney

Mailing Address 33-3411 Hudson Street

City State Zip Code
 Jersey City NJ 07302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Guardian Life Insurance Asst. Vice President
 Compan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4110

Amount of Each Receipt this Period
 300.00

Semi-Monthly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
 Mr. Mondo U. Lee

Mailing Address 18 Nottingham Road

City State Zip Code
 West Orange NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Guardian Life Insurance Attorney
 Compan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4138

Amount of Each Receipt this Period
 240.00

C. Full Name (Last, First, Middle Initial)
 Mr. Dennis Manning

Mailing Address 81 Graenest Ridge Road

City State Zip Code
 Wilton CT 06897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Guardian Life Insurance Chief Executive Officer
 Compan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4112

Amount of Each Receipt this Period
 600.00

Semi-Monthly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	1140.00
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)	PAGE 9 / 10
	<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)
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A. Full Name (Last, First, Middle Initial)
 Richard O'Donnell

Mailing Address 46 Longfellow Lane

City State Zip Code
Mahwah NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Guardian Life Insurance Compan

Occupation
 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
06 30 2007

Transaction ID: SA11A1.4140

Amount of Each Receipt this Period
 240.00

B. Full Name (Last, First, Middle Initial)
 Mr. Douglas Phipps

Mailing Address 36 Hoyt Street

City State Zip Code
Darien CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Guardian Life Insurance Compan

Occupation
 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
06 30 2007

Transaction ID: SA11A1.4142

Amount of Each Receipt this Period
 240.00

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	4200.00

**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)

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

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

<p>A. Guardian Life PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Guardian Life PAC</p> <p>Mailing Address 7 Hanover Square</p> <p>City New York State NY Zip Code 10004</p> <p>Purpose of Disbursement Ackerman for Congress</p> <p>Candidate Name Mr. Gary L Ackerman</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB23.4119</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>B. Guardian Life PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Guardian Life PAC</p> <p>Mailing Address 7 Hanover Square</p> <p>City New York State NY Zip Code 10004</p> <p>Purpose of Disbursement Committee To Re-elect Nydia Velazquez</p> <p>Candidate Name Nydia Velazquez</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB23.4116</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>C. Guardian Life PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Guardian Life PAC</p> <p>Mailing Address 7 Hanover Square</p> <p>City New York State NY Zip Code 10004</p> <p>Purpose of Disbursement Chris Dodd For President, Inc.</p> <p>Candidate Name CHRISTOPHER J DODD</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 00</p>		<p>Transaction ID: SB23.4121</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value="4000.00"/></p>