The Guardian

711 Park Avenue South
New York, NY 10003
212/598-8395
FAX 212/529-9301

Deborah Connolly
Counsel

VIA CERTIFIED MAIL

January 30, 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 Year End Report

Gentlemen:

Enclosed is our Year End Report.

Very truly yours,

Deborah Connolly (jd)

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)
Guardian Life Insurance Company of America Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
201 Park Avenue South

CITY, STATE and ZIP CODE
New York, New York 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 11-29-94 through 12-31-94		
6. (a) Cash on Hand January 1, 1994		$ 35,637.72
(b) Cash on Hand at Beginning of Reporting Period	$ 33,161.84	
(c) Total Receipts (from Line 19)	$ 660.62	$ 10,184.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,822.46	$ 45,822.46
7. Total Disbursements (from Line 30)	$ 0	$ 12,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 33,822.46	$ 33,822.46
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
January 27, 1995

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 8/93)

1-03-73

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

(revised 1/1/91)

NAME OF COMMITTEE: Guardian Life Ins. Co. of America Political Action Committee

REPORT COVERING PERIOD FROM 11-29-94 TO: 12-31-94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	644.12	9986.74	11(a)(i)
ii. Unitemized	16.50	198.00	11(a)(ii)
iii. Total (add i and ii) ➤	660.62	10,184.74	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	660.62	10,184.74	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) ➤	660.62	10,184.74	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	660.62	10,184.74	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	0	12,000.00	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) ➤	0	12,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	12,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	660.62	10,184.74	32
33. Total Contribution Refunds (from line 28d)	0	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	660.62	10,184.74	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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11ai

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 Ins. 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. Joseph Sargent, 231 Balmforth Street, Black Rock, Connecticut 06605	The Guardian Life Ins. Co. of America; Occupation: President; Aggregate Year-to-Date: $ 960	twice-monthly payroll deduction	$80.00 ($40.00 per pay period)
B. Henry Slattery, 615 E Lindbergh Street, Appleton, Wisconsin 54911	The Guardian Life Ins. Co. of America; Occupation: Vice President; Aggregate Year-to-Date: $ 360	twice-monthly payroll deduction	$30.00 ($15.00 per pay period)
C. Frank Sorrentino, 3564 Verona Place, Seaford, New York 11783	The Guardian Life Ins Co of America; Occupation: Sr. Vice President; Aggregate Year-to-Date: $ 345	twice-monthly payroll deduction	$15.00 ($15.00 for 1 pay period)
D. John Pallotta, Jr., 38 Eileen Drive, Mahwah, New Jersey 07430	The Guardian Life Ins. Co. of America; Occupation: Sr. Vice President; Aggregate Year-to-Date: $ 720	twice-monthly payroll deduction	$60.00 ($30.00 per pay period)
E. Emily Crandall, 71 Sullivan Drive, West Orange, New Jersey 07052	The Guardian Life Ins. Co. of America; Occupation: V.P. and Assoc. General Counsel; Aggregate Year-to-Date: $ 460	twice-monthly payroll deduction	$20.00 ($20.00 for 1 pay period)
F. John M. Smith, 45 Cedar Lake West, Denville, New Jersey 07834	The Guardian Life Ins. Co. of America; Occupation: Sr. Vice President; Aggregate Year-to-Date: $ 960	twice-monthly payroll deduction	$80.00 ($40.00 per pay period)
G. Peter Freeman, 144 Country Ridge Drive, Rye Brook, New York 10573	The Guardian Life Ins. Co. of America; Occupation: 2nd Vice President; Aggregate Year-to-Date: $ 240	twice-monthly payroll deduction	$20.00 ($10.00 per pay period)

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11a.

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NAME OF COMMITTEE (In Full)
Guardian Life Ins. Co. 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
William Frentz 451 Cogenwaugh Road Cos Cob, Connecticut 06807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co of America Occupation: Vice President Aggregate Year-to-Date > $ 720	twice monthly payroll deduction	$60.00 ($30.00 per pay period)
B. Full Name, Mailing Address and ZIP Code Douglas Kramer 73 Brooke Club Ossining, New York 10562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 240	twice monthly payroll deduction	$20.00 ($10.00 per pay period)
C. Full Name, Mailing Address and ZIP Code 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 > $ 1200	twice monthly payroll deduction	$100.00 ($50.00 per pay period)
D. Full Name, Mailing Address and ZIP Code Armand de Palo 224 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 > $ 277.44	twice monthly payroll deduction	$23.12 ($11.56 per pay period)
E. Full Name, Mailing Address and ZIP Code 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 > $ 360	twice monthly payroll deduction	$30.00 ($15.00 per pay period)
F. Full Name, Mailing Address and ZIP Code 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 > $ 240	twice monthly payroll deduction	$20.00 ($10.00 per pay period)
G. Full Name, Mailing Address and ZIP Code Stephen Scarpati 1333 McKeel 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 > $ 493	twice monthly payroll deduction	$34.00 ($17.00 per pay period)

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
Guardian Life Ins. Co. of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 464	twice-monthly payroll deduction	$32.00 ($16.00 per pay period)
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
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 > $ 290	twice monthly payroll deduction	$20.00 ($10.00 per pay period)
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
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) ..... > 644.12

4-00173

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 1-30-95
☐	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

MMR — PREPARER

2-2-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

9503931312