

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

ADDRESS (number and street)

10 Hudson Yards

Check if different  
than previously  
reported. (ACC)

New York

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00173393

3. IS THIS  
REPORTNEW  
(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  
Year-End 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



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day



General (30G)



Runoff (30R)



Special (30S)

POST-Election



General (30G)



Runoff (30R)



Special (30S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

2024

through

M M M /

D D D /

2024

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

Udicious, Debra, , ,

Signature of Treasurer

Udicious, Debra, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life PReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01  |   | 01  |   | 2024      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01  |   | 31  |   | 2024      |

|  | COLUMN A<br>This Period                    | COLUMN B<br>Calendar Year-to-Date          |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2024</div></div>                                 |  | <div><div></div><div>138788.04</div></div> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <div><div></div><div>138788.04</div></div> |  |
| (c) Total Receipts (from Line 19) .....  | <div><div></div><div>13611.43</div></div>  | <div><div></div><div>13611.43</div></div>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div><div></div><div>152399.47</div></div> | <div><div></div><div>152399.47</div></div> |
| 7. Total Disbursements (from Line 31).....   | <div><div></div><div>23000.00</div></div>  | <div><div></div><div>23000.00</div></div>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <div><div></div><div>129399.47</div></div> | <div><div></div><div>129399.47</div></div> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div></div><div>0.00</div></div>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div></div><div>0.00</div></div>      |  |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 01 2024

To:

M M / D D / Y Y Y Y  
01 31 2024**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

(i) Itemized (use Schedule A).....

1378.16

1378.16

(ii) Unitemized .....

12233.27

12233.27

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

13611.43

13611.43

(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) .....

13611.43

13611.43

## 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 Transfers (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)) .....

13611.43

13611.43

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13611.43

13611.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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.....         | 23000.00                      | 23000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated 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)) ..      | 23000.00                      | 23000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23000.00                      | 23000.00                          |

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 13611.43                      | 13611.43                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 13611.43                      | 13611.43                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 11  
(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)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Del Vecchio, Dean, , ,**Mailing Address 101 Crawfords Corner Rd  
Bldg 4-511City  
HolmdelState  
NJZip Code  
07733-1976FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Guardian Life Insurance Company of

Occupation (for Individual)

Chief Executive, Information and Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : AA378205FA3B34CDC97F

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ferik, Michael, , ,**Mailing Address 100 Stamford Pl  
FI 4

City

Stamford

State  
CTZip Code  
06902-6740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Guardian Life Insurance Company of

Occupation (for Individual)

Chief Executive, Individual Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : A2C5B46EA24CE4CAC98E

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Liolis, Nicholas, , ,**

Mailing Address 10 Hudson Yards

City

New York

State  
NYZip Code  
10001-2157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Guardian Life Insurance Company of

Occupation (for Individual)

Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : AA2E92DA43419497A9D8

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Monthly

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

576.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 11  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mayhew, Jonathan, , ,**Mailing Address 100 Stamford Pl  
Fl 4City  
StamfordState  
CTZip Code  
06902-6740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Guardian Life Insurance Company ofOccupation (for Individual)  
Head of Group Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : A71043BA0E7884FCB966

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMahon, Andrew, , ,**Mailing Address 100 Stamford Pl  
Fl 4City  
StamfordState  
CTZip Code  
06902-6740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Guardian Life Insurance Company ofOccupation (for Individual)  
Chief Executive Officer and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : AA1499FF0D15347FFAD0

Amount of Each Receipt this Period

416.66

☐ Memo Item

Payroll Deduction: \$208.33/Bi-Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Molloy, Kevin, , ,**

Mailing Address 10 Hudson Yards

City  
New YorkState  
NYZip Code  
10001-2157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Guardian Life Insurance Company ofOccupation (for Individual)  
Chief Executive, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2024

Transaction ID : AE5999EFF732C45FD965

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Monthly

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

801.26

1378.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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 |

PAGE 8 OF 11

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NAME OF COMMITTEE (In Full)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name (Last, First, Middle Initial)

**A. ACROSS THE AISLE PAC**

Mailing Address 910 17TH ST NW STE 925

City  
WASHINGTONState  
DCZip Code  
20006

Purpose of Disbursement

Contribution to Committee

Candidate Name

ACROSS THE AISLE PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00696591

Transaction ID : B3C56D7279

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City  
SpokaneState  
WAZip Code  
99210-0137

Purpose of Disbursement

Contribution to Committee

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify)

State: WA

District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00390476

Transaction ID : B8775030F13

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City  
SpokaneState  
WAZip Code  
99210-0137

Purpose of Disbursement

Contribution to Committee

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C** C00390476

Transaction ID : BBEFEC98C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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 |

PAGE 9 OF 11

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NAME OF COMMITTEE (In Full)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name (Last, First, Middle Initial)

**A. CELESTE FOR CONGRESS**

Mailing Address P. O. BOX 2410

City  
CEDAR CITYState  
UTZip Code  
84721

Purpose of Disbursement

Contribution to Committee

Candidate Name

Maloy, Celeste, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT

District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 5 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C** C00842765**Transaction ID : BF5F7C188E!**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City  
Cape GirardeauState  
MOZip Code  
63702-1324

Purpose of Disbursement

Contribution to Committee

Candidate Name

Smith, Jason, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify)

State: MO

District: 08

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 5 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C** C00541862**Transaction ID : BC4EAD4357**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Madison PAC**Mailing Address 235 State Street  
#206City  
SpringfieldState  
MAZip Code  
01103-1741

Purpose of Disbursement

Contribution to Committee

Candidate Name

Madison PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 5 |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C** C00426809**Transaction ID : BE2EF8FABI**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 25    |   | 2024        |

Mailing Address 410 FIRST STREET SE  
STE 200City  
WashingtonState  
DCZip Code  
20003-1819

Purpose of Disbursement

Contribution to Committee

Candidate Name

REPUBLICAN MAINSTREET PARTNERSHIP PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

Other

State:

District:

FEC Identification Number

**C** C00165159

Transaction ID : BF79F13C6C

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHNEIDER FOR CONGRESS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 25    |   | 2024        |

Mailing Address PO BOX 1318

City  
DEERFIELDState  
ILZip Code  
60015

Purpose of Disbursement

Contribution to Committee

Candidate Name

Schneider, Brad, , Rep.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify)

State: IL

District: 10

FEC Identification Number

**C** C00495952

Transaction ID : B3E4EF00594

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SMUCKER FOR CONGRESS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 25    |   | 2024        |

Mailing Address 548 STEEL WAY  
PO BOX 7066City  
LANCASTERState  
PAZip Code  
30605

Purpose of Disbursement

Contribution to Committee

Candidate Name

Smucker, Lloyd, , Rep.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 11

FEC Identification Number

**C** C00599464

Transaction ID : B7C04D2E89

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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)

The Guardian Life Insurance Company of America Political Action Committee - Federal (Guardian Life P

Full Name (Last, First, Middle Initial)

**A. STEIL FOR WISCONSIN, INC.**Mailing Address 1818 MILTON AVE  
# 1448City  
JANESVILLEState  
WIZip Code  
53545-1129

Purpose of Disbursement

Contribution to Committee

Candidate Name

Steil, Bryan, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 01

Date of Disbursement

|   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M |  | D | D |  | Y | Y | Y | Y | Y | Y |
| 0 | 1 |  | 2 | 5 |  | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C** C00677286

Transaction ID : B2FABC04EE

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M |  | D | D |  | Y | Y | Y | Y | Y | Y |
|   |   |  |   |   |  |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M |  | D | D |  | Y | Y | Y | Y | Y | Y |
|   |   |  |   |   |  |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

23000.00