The Guardian

201 Park Avenue South
New York, NY 10003
(212) 598-8293
FAX (212) 529-9308

FEB

Deborah Miaskowski
Counsel

VIA CERTIFIED MAIL

January 27, 1994

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 Miaskowski

Deborah Miaskowski
Counsel

DM/jd
Enclosure

The Guardian
Life Insurance Company
of America • Est. 1860

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 4 12 42 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1.

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

☐ 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 7-1-93 through 12-31-93		
6. (a) Cash on Hand January 1, 19 93		$ 35,177.97
(b) Cash on Hand at Beginning of Reporting Period	$ 36,144.11	
(c) Total Receipts (from Line 19)	$ 4,493.61	$ 10,459.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 40,637.72	$ 45,637.72
7. Total Disbursements (from Line 30)	$ 5,000.00	$ 10,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 35,637.72	$ 35,637.72
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, Esq.

Signature of Treasurer
Edward K. Kane

Date
1-26-94

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)

7 4 0 3 3 1 4 5 5 4

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 7-1-93 TO 12-31-93

	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)	4372.86	10,193.50
ii. Unitemized	120.75	266.25
iii. Total (add i and ii) ➤	4493.61	10,459.75
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	4493.61	10,459.75
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4493.61	10,459.75
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4493.61	10,459.75
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
i. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	10,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,000.00	10,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,000.00	10,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4493.61	10,459.75
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	4493.61	10,459.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER: 11a1

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	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; President	twice monthly payroll deduction	$440.00 ($40.00 per pay period)
B. Edward Kerswig, 65-04 78 Street, Middle Village, New York 11379	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$120.00 ($10.00 per pay period)
C. Henry Slattery, 615 E Lindburgh Street, Appleton, Wisconsin 54911	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$165.00 ($15.00 per pay period)
D. Frank Sorrentino, 2564 Verona Place, Seaford, New York 11783	The Guardian Life Ins. Co. of America; Sr. Vice President	twice monthly payroll deduction	$165.00 ($15.00 per pay period)
E. John Pallotta, Jr., 38 Eileen Drive, Mahwah, New Jersey 07430	The Guardian Life Ins. Co. of America; Sr. Vice President	twice monthly payroll deduction	$330.00 ($30.00 per pay period)
F. David Perriello, 4372 Astor Drive, Crefield, Pennsylvania 18069	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$198.00 ($18.00 per pay period)
G. Emily Crandall, 71 Sullivan Drive, West Orange, New Jersey 07052	The Guardian Life Ins. Co. of America; V.P. and Assoc. General Counsel	twice monthly payroll deduction	$220.00 ($20.00 per pay period)

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

Aggregate Year-to-Date: $ 1000 / $ 260 / $ 375 / $ 375 / $ 750 / $ 450 / $ 500

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

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

94038311556

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 9

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 Ins. Co. 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 M. Smith, 45 Cedar Lake West, Denville, New Jersey 07834	The Guardian Life Ins. Co. of America; Sr. Vice President	twice monthly payroll deduction	$400.00 ($40.00 per pay period)
B. Peter Freeman, 144 Country Ridge Drive, Rye Brook, New York 10573	The Guardian Life Ins. Co. of America; 2nd Vice President	twice monthly payroll deduction	$110.00 ($10.00 per pay period)
C. William Frentz, 451 Cogenwaugh Road, Cos Cob, Connecticut 06807	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$330.00 ($30.00 per pay period)
D. Douglas Kramer, 73 Brooke Club, Ossining, New York 10562	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$110.00 ($10.00 per pay period)
E. William Broadbent, 50 Hickory Drive, Maplewood, New Jersey 07040	The Guardian Life Ins. Co. of America; Vice President	twice monthly payroll deduction	$194.70 ($17.70 per pay period)
F. Thomas Kabele, 24 Rural Drive, New Canaan, Connecticut 06840	The Guardian Life Ins. Co. of America; Sr. Vice President	twice monthly payroll deduction	$550.00 ($50.00 per pay period)
G. Armand de Palo, 228 Aster Street, Massapequa Park, New York 11762	The Guardian Life Ins. Co. of America; Sr. Vice President	twice monthly payroll deduction	$127.16 ($11.56 per pay period)

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

Aggregate Year-to-Date: $ 960 / $ 250 / $ 750 / $ 250 / $ 442.50 / $ 1250 / $ 289

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

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

24-38114567

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)

[illegible]

A. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
B. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
C. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
D. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
E. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
F. Full Name, Mailing Address and ZIP Code [illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer [illegible] Occupation [illegible] Aggregate Year-to-Date > $ [illegible]	Date (month, day, year) [illegible]	Amount of Each Receipt this Period [illegible]
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)	[illegible]

2 4 0 3 8 3 1 4 5 6 5

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 Ins. Co. 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
Health Insurance PAC (HIPAC) HIAA 1025 Connecticut Ave N.W. Suite 1200 Washington, D.C. 20036-3998	contribution to trade association PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-21-93	5,000
B. 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
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) $5,000

24938314569

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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)

A. 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
B. 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
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) .....

24031457 0

SCHEDULE C
(Revised 3/80)

LOANS

Page ___ of ___ for
LINE NUMBER _
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Guardian Life Ins. Co. of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred ___ Date Due ___	Interest Rate ___ %(apr)		Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred ___ Date Due ___	Interest Rate ___ %(apr)		Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

94039311571

SCHEDULE C
(Revised 3/80)

LOANS

Page ___ of ___ for
LINE NUMBER ___
(Use separate schedules for each numbered line)

Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred_____ Date Due___	Interest Rate_____%(apr)		Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred_____ Date Due___	Interest Rate___%(apr)		Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2 4 7 3 8 1 4 5 7 2

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ___ of ___ for
LINE NUMBER
(Use separate schedules for each numbered line)

Name of Committee (in Full) Guardian Life Ins Co. of America Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

9 4 0 3 8 3 1 4 5 7 3

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 1-27-94
☐	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

[illegible]
PREPARER

2-4-94
DATE PREPARED

FEC FORM 70-2 (12/92)

94038814574