

# 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  
 Check if different than previously reported. (ACC)  
NEW YORK NY 10004

2. **FEC IDENTIFICATION NUMBER** C00173393  
**3. IS THIS REPORT**  NEW (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 Quarterly 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 **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 07 01 2008 through 09 30 2008

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 John Hurley

Signature of Treasurer Electronically Filed by John Hurley Date 10 21 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		11385.15
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	7721.86									
(c) Total Receipts (from Line 19) .....	2202.72	6768.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9924.58	18153.31								
7. Total Disbursements (from Line 31) .....	5101.84	13330.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4822.74	4822.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2094.24	4054.24
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	108.48	2713.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2202.72	6768.16
(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) .....	2202.72	6768.16
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)) .....	2202.72	6768.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2202.72	6768.16

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	5000.00	12750.00
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.....	101.84	580.57
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))..	5101.84	13330.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5101.84	13330.57

**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 .....	2202.72	6768.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2202.72	6768.16
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Byrne	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 206 Schindler Drive	<b>Transaction ID:</b> SA11AI.4372
	City State Zip Code Florham Park NJ 07932	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Byrne	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 206 Schindler Drive	<b>Transaction ID:</b> SA11AI.4385
	City State Zip Code Florham Park NJ 07932	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Byrne	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 206 Schindler Drive	<b>Transaction ID:</b> SA11AI.4398
	City State Zip Code Florham Park NJ 07932	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20  
(check only one)

<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)  
John Cifu

Mailing Address 8 Brookside Drive

City State Zip Code  
Goshen NY 10924

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

Name of Employer Occupation  
Berkshire Life Insurance Senior Vice President  
Co

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** SA11AI.4373

Amount of Each Receipt this Period  
50.00

Employee Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Cifu

Mailing Address 8 Brookside Drive

City State Zip Code  
Goshen NY 10924

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

Name of Employer Occupation  
Berkshire Life Insurance Senior Vice President  
Co

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2008

**Transaction ID:** SA11AI.4386

Amount of Each Receipt this Period  
50.00

Employee Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Cifu

Mailing Address 8 Brookside Drive

City State Zip Code  
Goshen NY 10924

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

Name of Employer Occupation  
Berkshire Life Insurance Senior Vice President  
Co

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** SA11AI.4399

Amount of Each Receipt this Period  
50.00

Employee Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Fleming		Date of Receipt
	Mailing Address 58 Colgate Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Yonkers	NY	10703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.4374</b>
Name of Employer Guardian Life Insurance		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 280.00	Employee Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Fleming		Date of Receipt
	Mailing Address 58 Colgate Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Yonkers	NY	10703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.4387</b>
Name of Employer Guardian Life Insurance		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 320.00	Employee Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Fleming		Date of Receipt
	Mailing Address 58 Colgate Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Yonkers	NY	10703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.4400</b>
Name of Employer Guardian Life Insurance		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 360.00	Employee Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 120.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) John Foley	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2 Gold St Apt 4703	<b>Transaction ID:</b> SA11AI.4375
	City State Zip Code New York NY 10038	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Foley	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 2 Gold St Apt 4703	<b>Transaction ID:</b> SA11AI.4388
	City State Zip Code New York NY 10038	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Foley	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 2 Gold St Apt 4703	<b>Transaction ID:</b> SA11AI.4401
	City State Zip Code New York NY 10038	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexander Grant	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 345 Essex 57 St Apt 16D	<b>Transaction ID:</b> SA11AI.4376
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Co Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Alexander Grant	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 345 Essex 57 St Apt 16D	<b>Transaction ID:</b> SA11AI.4389
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Co Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Alexander Grant	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 345 Essex 57 St Apt 16D	<b>Transaction ID:</b> SA11AI.4402
	City State Zip Code New York NY 10022	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Employee Contribution
	Name of Employer Guardian Life Insurance Co Occupation Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Greaney		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 33-3411 Hudson St		Transaction ID: SA11AI.4377		
	City Jersey City	State NJ	Zip Code 07302	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Assistant Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
350.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Greaney		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 33-3411 Hudson St		Transaction ID: SA11AI.4390		
	City Jersey City	State NJ	Zip Code 07302	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Assistant Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Greaney		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 33-3411 Hudson St		Transaction ID: SA11AI.4403		
	City Jersey City	State NJ	Zip Code 07302	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Assistant Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) John Hurley	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 55 Meritoria Drive	<b>Transaction ID:</b> SA11AI.4378
	City State Zip Code East Williston NY 11596	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Hurley	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 55 Meritoria Drive	<b>Transaction ID:</b> SA11AI.4391
	City State Zip Code East Williston NY 11596	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Hurley	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 55 Meritoria Drive	<b>Transaction ID:</b> SA11AI.4404
	City State Zip Code East Williston NY 11596	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Employee Contribution
	Name of Employer Occupation Guardian Life Insurance Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mondo Lee		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 18 Nottingham Rd		Transaction ID: SA11AI.4379		
	City West Orange	State NJ	Zip Code 07052	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
280.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mondo Lee		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 18 Nottingham Rd		Transaction ID: SA11AI.4392		
	City West Orange	State NJ	Zip Code 07052	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
320.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mondo Lee		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 18 Nottingham Rd		Transaction ID: SA11AI.4405		
	City West Orange	State NJ	Zip Code 07052	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City Wilton State CT Zip Code 06897

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

Name of Employer Guardian Life Insurance Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2008

Transaction ID: SA11AI.4380

Amount of Each Receipt this Period 100.00

Employee Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City Wilton State CT Zip Code 06897

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

Name of Employer Guardian Life Insurance Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2008

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period 100.00

Employee Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City Wilton State CT Zip Code 06897

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

Name of Employer Guardian Life Insurance Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11AI.4406

Amount of Each Receipt this Period 100.00

Employee Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard O'Donnel		Date of Receipt
	Mailing Address 46 Longfellow Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mahwah	NJ	07430
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4381
Name of Employer Guardian Life Insurance		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="40.00"/>
			Employee Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard O'Donnel		Date of Receipt
	Mailing Address 46 Longfellow Lane		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mahwah	NJ	07430
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4394
Name of Employer Guardian Life Insurance		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	<input type="text" value="40.00"/>
			Employee Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard O'Donnel		Date of Receipt
	Mailing Address 46 Longfellow Lane		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mahwah	NJ	07430
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4407
Name of Employer Guardian Life Insurance		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="40.00"/>
			Employee Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 20
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Phipps		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 36 Hoyt St		<b>Transaction ID:</b> SA11AI.4382		
	City Darien	State CT	Zip Code 06820	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Phipps		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 36 Hoyt St		<b>Transaction ID:</b> SA11AI.4395		
	City Darien	State CT	Zip Code 06820	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Phipps		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 36 Hoyt St		<b>Transaction ID:</b> SA11AI.4408		
	City Darien	State CT	Zip Code 06820	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Employee Contribution		
	Name of Employer Guardian Life Insurance	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 20	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) Gordon Wylie		Date of Receipt																					
Mailing Address 459 Fort Hill Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	8														
City	State	Zip Code	<b>Transaction ID: SA11AI.4409</b>																				
Scarsdale	NY	10583	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	24.24																				
Name of Employer Guardian Life Insurance	Occupation Vice President		Employee Contribution																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																						
	218.16																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	24.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2094.24

**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)

A.	Full Name (Last, First, Middle Initial) CASSIDY, WILLIAM	Transaction ID: SB23.4349 Date of Disbursement 07 / 11 / 2008
	Mailing Address 3115 DALRYMPLE DRIVE SUITE 1	Amount of Each Disbursement this Period 500.00
	City BATON ROUGE State LA Zip Code 70802	
	Purpose of Disbursement Contribution Candidate Name Cassidy for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PAUL E KANJORSKI	Transaction ID: SB23.4364 Date of Disbursement 09 / 17 / 2008
	Mailing Address 103 South Hanover Street	Amount of Each Disbursement this Period 2000.00
	City Nanticoke State PA Zip Code 18634	
	Purpose of Disbursement Candidate Name PENNSYLVANIANS FOR KANJORSKI Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) EARL RALPH POMEROY	Transaction ID: SB23.4358 Date of Disbursement 08 / 29 / 2008
	Mailing Address Post Office Box 9336	Amount of Each Disbursement this Period 1000.00
	City BISMARCK State ND Zip Code 58502	
	Purpose of Disbursement Candidate Name Pomeroy for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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 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)

<b>A.</b> Full Name (Last, First, Middle Initial) CHARLES B RANGEL <hr/> Mailing Address 40 WEST 135TH STREET <hr/> City NEW YORK State NY Zip Code 10037 <hr/> Purpose of Disbursement <hr/> Candidate Name RANGEL FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4353 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) NYDIA M VELAZQUEZ <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement <hr/> Candidate Name COMMITTEE TO RELECT NYDIA M. VELAZQUEZ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4362 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

1500.00

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

5000.00

# 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 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 checked="" 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)

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank <hr/> Mailing Address 221 Park Avenue South <hr/> City New York State NY Zip Code 10003 <hr/> Purpose of Disbursement Bank service charge Candidate Name	Transaction ID: SB29.4411 Date of Disbursement 07 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 33.65		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank <hr/> Mailing Address 221 Park Avenue South <hr/> City New York State NY Zip Code 10003 <hr/> Purpose of Disbursement Bank service charge Candidate Name	Transaction ID: SB29.4413 Date of Disbursement 08 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 33.93		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank <hr/> Mailing Address 221 Park Avenue South <hr/> City New York State NY Zip Code 10003 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name	Transaction ID: SB29.4414 Date of Disbursement 09 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 34.26		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	101.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	101.84