The Guardian

201 Park Avenue South
New York, NY 10003
212/598 8386

OCT 15 12 32 PM '94

VIA FEDERAL EXPRESS

Emily S. Crandall, CLU
Vice President and
Associate General Counsel

October 14, 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
October 15 Quarterly Report

Gentlemen:

Enclosed is our October 15 Quarterly Report.

Very truly yours,

Emily Crandall

Emily S. Crandall
Vice President and
Associate General Counsel

ESC/jd
Enclosure

9 4 0 3 9 2 8 1 6 4 7

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 15 12 32 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Guardian Life Insurance Company of America Political Action Committee

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

CITY, STATE and ZIP CODE
New York, NY 10003

2. FEC IDENTIFICATION NUMBER
C00172343 US3094

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 7/1/94 through 9/30/94		
6. (a)	Cash on Hand January 1, 19 94		$ 35,637.72
(b)	Cash on Hand at Beginning of Reporting Period	$ 28,727.55	
(c)	Total Receipts (from Line 19)	$ 2,997.80	$ 5087.63
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,725.35	$ 43,725.35
7.	Total Disbursements (from Line 30)	$ 0	$ 12,000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 31,725.35	$ 31,725.35
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 E. Kane

Signature of Treasurer
Edward E Kane

Date
10-14-94

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)
FF4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) ➤	$2,997.80	$8,087.63	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	0	0	11(d)
d. Total Contributions (add a iii, b and c) ➤	$2,997.80	$8,087.63	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	0	0	19
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) ➤	$2,997.80	$8,087.63	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$2,997.80	$8,087.63	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	$12,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0	$12,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	$12,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$2,997.80	$8,087.63	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$2,997.80	$8,087.63	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE4AN101

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a i

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 Comapny 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 Balm Forth Street Black Rock, CT 06605 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Co. of America Occupation: President Aggregate Year-to-Date: $ 720.00	Twice monthly payroll deduction	$200.00 ($40 per pay period)
B. Henry Slattery 615 E. Lindbergh Street Appleton, Wisconsin 54911 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date: $ 270.00	2x monthly payroll deduction	$ 75.00 ($15.00 per pay period)
C. Frank Sorrentino 3564 Verona Place Seaford, NY 11783 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date: $270.00	2x monthly payroll deduction	$75.00 ($15.00 per pay period)
D. John Pallotta, Jr. 38 Eileen Drive Mahwah, NJ 07430 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date: $ 540.00	2x monthly payroll deduction	$150.00 ($30.00 per pay period)
E. David Perriello 4372 Astor Drive Orefield, PA 18069 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date: $ 270.00	2x monthly payroll deduction	$36.00 ($18.00 for 2 pay period)
F. Emily S. Crandall 71 Sullivan Drive West Orange, NJ 07052 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Company of America Occupation: Vice President & Associate General Counsel Aggregate Year-to-Date: $ 360.00	2x monthly payroll deduction	$100.00 ($20.00 per pay period)
G. John M. Smith 45 Cedar Lake West Denville, NJ 07834 Receipt For: Primary / General / Other (specify):	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date: $ 720.00	2x monthly payroll deduction	$ 200.00 ($40.00 per pay period)

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

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

FF4AN101

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)
Guardian Life Insurance Company 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
Peter Freeman 144 Country Ridge Drive Rye Brook, NY 10573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: 2nd Vice President Aggregate Year-to-Date > $ 180.00	2x monthly payroll deduction	$50.00 ($10.00 per pay period)
William Frentz 451 Cogenwaugh Road Cos Cob, CT 06807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date > $ 540.00	2x monthly payroll deduction	$150.00 ($30.00 per pay period)
Douglas Kramer 73 Brooke Club Ossining, NY 10562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date > $180.00	2x monthly payroll deduction	$50.00 ($10.00 per pay period)
Thomas Kabele 24 Rural Drive New Canaan, CT 06840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date > $900.00	2x monthly payroll deduction	$250.00 ($50.00 per pay period)
Armand DePalo 228 Aster Street Massapequa Park, NY 11762 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 208.08	2x monthly payroll deduction	$57.80 (11.50 per pay period)
John O'Callaghan 405 St. Ives Drive Severna Park, Maryland 21146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Sales Director Aggregate Year-to-Date > $ 270.00	2x monthly payroll deduction	$85.00 ($15.00 per pay period)
John Fagan 46 Temple Lane Suffern, NY 10901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date > $ 180.00	2x monthly payroll deduction	$50.00 ($10.00 per pay period)

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Scarpati 1333 McKeel Street Yorktown Heights, NY 10598 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date > $ 306.00	2x monthly payroll deduction	$ 85.00 ($17.00 per pay period)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward Phalen 793 Doncaster Drive Walnut Creek, CA 94598 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Sales Director Aggregate Year-to-Date > $ 288.00	2x monthly payroll deduction	$ 84.00 ($16.00 per pay period)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michale Burns 552 Wilson Avenue Glen Ellyn, Illinois Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Sales Director Aggregate Year-to-Date > $ 180.00	2x monthly payroll deduction	$ 50.00 ($10.00 per pay period)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Broadbent 50 Hickory Drive Maplewood, NJ 07040 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Vice President Aggregate Year-to-Date > $ 0	2x monthly payroll deduction	0
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward Kerswig 48 Huntington Circle Greenfield, MA 01301 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Aggregate Year-to-Date > $90.00	2x monthly payroll deduction	0
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward K. Kane 205 East 22nd Street New York, NY Receipt For: ☐ Primary ☐ General ☐ Other (specify)	The Guardian Life Ins. Company of America Occupation: Sr. Vice President Aggregate Year-to-Date > $1,250.00	Sept. 2, 1994	$1,250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) ..... > 1,991.00

FEC AN101

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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 Insurance Company of America Political Action Committee

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) 0

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SCHEDULE C
(Revised 3/90)

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.

9 4 0 3 9 2 8 1 6 5 4

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)	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)				
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 5 3 7 4 8 1 5 5 5

FL4AN101

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 10/13/94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

PKY
PREPARER

10/13/94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 2 8 1 6 5 6