The Guardian

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 15 12 44 PM '96

201 Park Avenue South
New York, NY 10003
212/598-8395
FAX 212/529-9304

VIA CERTIFIED MAIL

Deborah Connolly
Senior Counsel

July 12, 1996

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
July 15 Quarterly Report

Gentlemen:

Enclosed is our July 15 Quarterly Report.

Very truly yours,

Deborah Connolly

Deborah Connolly
Senior Counsel

DC/jd
Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM JUL 15 12 00 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Guardian Life Ins. Co. of America Political Action Committee

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

CITY, STATE and ZIP CODE
New York. New York 10003

2. FEC IDENTIFICATION NUMBER
C00173393

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☑ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-96 through 6-30-96		
6. (a) Cash on Hand January 1, 19 96		$ 30,167.09
(b) Cash on Hand at Beginning of Reporting Period	$ 31,805.82	
(c) Total Receipts (from Line 19)	$ 3091.51	$ 5,230.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,897.33	$ 35,397.33
7. Total Disbursements (from Line 30)	$ 1,000.00	$ 1,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 33,897.33	$ 33,897.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Edward K. Kane

Signature of Treasurer
Edward K Kane

Date

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)

FE5A4089

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 Comm.

REPORT COVERING PERIOD FROM 4-1-96 TO 6-30-96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2125.76	4242.24	11(a)(i)
ii. Unitemized	965.75	988.00	11(a)(ii)
iii. Total (add i and ii) ➤	3091.51	5230.24	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	3091.51	5230.24	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3091.51	5230.24	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3091.51	5230.24	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000	1500	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) ➤	1000	1500	30
31. Total Federal Disbursements [subtract line 21 a ii from line 30] ➤	1000	1500	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3091.51	5230.24	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3091.51	5230.24	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

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 Ins. Co. of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack R. Morey 38 Rolling Hill Road Ridgefield, Connecticut 06877 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Regional Vice President Aggregate Year-to-Date > $ 243.75	5-2-96	$243.75
B. 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 E. 22nd St. New York, N.Y. 10010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Sr. V.P. + General Counsel Aggregate Year-to-Date > $ 525	5-2-96	$525
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michelle Babakian 127 Huron Drive Chatham, New Jersey 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 30	semi monthly payroll deduction	$30.00 ($15.00 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
Michael Burns 552 Wilson Avenue Glen Ellyn, Illinois 60137 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date > $ 140	semi monthly payroll deduction	$60.00 ($10.00 per pay period)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Armand DePalo 228 Aster Street Massapequa Park, N.Y. 11762 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 161.84	semi monthly payroll deduction	$69.36 ($11.56 per pay period)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Fagan 46 Temple Lane Suffern, N.Y. 10901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 180	semi monthly payroll deduction	$180 ($10.00 for 2 pay periods $20.00 for 14 pay periods)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Herman 14 Ramapo Trail Harrison, New York 10528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 70	semi monthly payroll deduction	$70 ($17.50 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 2 OF 3

FOR LINE NUMBER 11a.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Hurley 55 Meritoria Drive East Williston, N.Y. 11598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 60	semi monthly payroll deduction	$60.00 ($15.00 per pay period)
B. Full Name, Mailing Address and ZIP Code Peter Hutchings 300 Central Park West New York, New York 10024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 100	semi monthly payroll deduction	$100.00 ($25.00 per pay period)
C. Full Name, Mailing Address and ZIP Code Thomas Kabele 24 Rural Drive New Canaan, Connecticut 06840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 700	semi monthly payroll deduction	$300.00 ($50.00 per pay period)
D. Full Name, Mailing Address and ZIP Code Douglas Kramer 73 Brooke Club Ossining, New York 10562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 140	semi monthly payroll deduction	$60.00 ($10.00 per pay period)
E. Full Name, Mailing Address and ZIP Code Terence Lynch 22 Reynen Court Ridgewood, N.J. 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 14.60	semi monthly payroll deduction	$58.40 ($14.60 per pay period)
F. Full Name, Mailing Address and ZIP Code Eileen McDonnell 1282 Mulberry Drive Mahwah, N.J. 07430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 80	semi monthly payroll deduction	$80.00 ($20.00 per pay period)
G. Full Name, Mailing Address and ZIP Code John O'Callaghan 405 St. Ives Drive Severna Park, Maryland 21146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date > $ 310	semi monthly payroll deduction	$90.00 ($15.00 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

FOR LINE NUMBER 11a i

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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 Pallotta, Jr. 38 Eileen Drive Mahwah, New Jersey 07430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 420	semi monthly payroll deduction	$180 ($90.00 per pay period)
B. Edward Phelan 793 Doncaster Drive Walnut Creek, California 94598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sales Director Aggregate Year-to-Date > $ 224	semi monthly payroll deduction	$96 ($16.00 per pay period)
C. Joseph Sargent 231 Balmforth Street Black Rock, Connecticut 06605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: CEO Aggregate Year-to-Date > $ 560	semi monthly payroll deduction	$240 ($40.00 per pay period)
D. Stephen Scarpati 1333 McKee St. Yorktown Heights, New York 10598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 238	semi monthly payroll deduction	$102 ($17.00 per pay period)
E. Henry Slaffery 42 Harbor Park Drive Centerport, New York 11721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Vice President Aggregate Year-to-Date > $ 310	semi monthly payroll deduction	$90 ($15.00 per pay period)
F. John Smith 45 Cedar Lake West Denville, New Jersey 07834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 560	semi monthly payroll deduction	$240 ($40.00 per pay period)
G. Franklin Sorrentino 3564 Verona Place Seaford, New York 11783 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Guardian Life Ins. Co. of America Occupation: Sr. Vice President Aggregate Year-to-Date > $ 100	semi monthly payroll deduction	$100 ($25.00 per pay period

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

TOTAL This Period (last page this line number only) 2125.76

FEBAN089

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Guardian Life Ins. Co. of America Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Kasich 2021 E. Dublin-Granville Rd. Suite 215 Columbus, Ohio 43229	political contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-1-96	$500
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Earl Pomeroy for Congress P.O. Box 75214 Washington, D.C. 20013-5214	political contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-7-96	$500
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

TOTAL This Period (last page this line number only) $1,000

FEGAND69

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 7/12/96
☐	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

PREPARER	7/15/96 DATE PREPARED

FEC FORM 70-2 (12/92)