GUARDIAN

FEDERAL ELECTION COMMISSION

DEC 3 9 14

Deborah Connolly
Office Counsel

Via Federal Express

December 2, 1998

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: The Guardian Life Insurance Company of America Political Action Committee
FEC Identification No. C00173393
30 Day Post General Election Report

Gentlemen:

Enclosed is our 30 Day Post General Election Report.

Very truly yours,

Deborah Connolly

Deborah Connolly

DC:cw
Enclosure

The Guardian Life Insurance Company of America 201 Park Avenue South, New York, New York 10003
tel: 212.598.8395 fax: 212.529.9304 e-mail: deborah_connolly@glic.com

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00173393 101998 P 236
EDWARD K KANE
GUARDIAN LIFE INSURANCE COMPAN
Y OF AMERICA POLITICAL ACTION
201 PARK AVENUE SOUTH
NEW YORK NY 10003

RECEIVED FEDERAL ELECTION COMMISSION
Dec 3 9 14 AM '98

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

☐ 12-Day Pre-Election Report for the ____ (Type of Election)
election on ____ in the State of ____

☑ 30-Day Post-Election 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 10-15-98 through 11-23-98		
6. (a) Cash on Hand January 1, 1998		$ 17,283.38
(b) Cash on Hand at Beginning of Reporting Period	$ 4703.97	
(c) Total Receipts (from Line 19)	$ 2457.56	$ 6893.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7161.53	$ 24177.10
7. Total Disbursements (from Line 30)	$ 5514.19	$ 22529.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1647.34	$ 1647.34
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 202-694-1100

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 /dc

Date: 12-2-98

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)

FE8AN18I

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 10-15-98 TO: 11-23-98

	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)	1994.56	6386.39	11(a)(i)
ii. Unitemized	458.00	507.33	11(a)(ii)
iii. Total (add i and ii) ➤	2457.56	6893.72	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) ➤	2457.56	6893.72	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) ➤	2457.56	6893.72	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2457.56	6893.72	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0		21(a)(i)
ii. Non-Federal Share	0		21(a)(ii)
b. Other Federal Operating Expenditures	0		21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0		21(c)
22. Transfers to Affiliated/Other Party Committees	0		22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5514.19	22529.76	23
24. Independent Expenditures (use Schedule E)	0		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0		25
26. Loan Repayments Made	0		26
27. Loans Made	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		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5514.19	22529.76	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5514.19	22529.76	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2457.56	6893.72	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2457.56	6893.72	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

FE8AN121

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 Insurance Company of America Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Quinn, 552 Wilson Avenue, Glen Ellyn, Illinois 60137 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins Co of America; Occupation: Sales Director; Aggregate Year-to-Date: $ 210	semi monthly payroll deduction	$40 ($10 per pay period)
B. Armand de Palo, 228 Aster Street, Massapequa Park, New York 11762 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Senior Vice President; Aggregate Year-to-Date: $ 242.76	semi monthly payroll deduction	$46.24 ($11.56 per pay period)
C. Sanford Herman, 14 Ramapo Trail, Harrison, New York 10528 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Vice President; Aggregate Year-to-Date: $ 275.68	semi monthly payroll deduction	$52.52 ($13.13 per pay period)
D. John Hurley, 55 Meritoria Drive, East Williston, New York 11596 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Vice President; Aggregate Year-to-Date: $ 157.50	semi monthly payroll deduction	$30 ($7.50 per pay period)
E. Thomas Kabele, 211 Rural Drive, New Canaan, Connecticut 06840 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Sr. Vice President; Aggregate Year-to-Date: $ 1050	semi monthly payroll deduction	$200 ($50 per pay period)
F. Douglas Kramer, 73 Brooke Club, Ossining, New York 10562 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Sr. Vice President; Aggregate Year-to-Date: $ 210	semi monthly payroll deduction	$40 ($10 per pay period)
G. Terence Lynch, 22 Reynen Court, Ridgewood, New Jersey 07450 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: The Guardian Life Ins. Co. of America; Occupation: Vice President; Aggregate Year-to-Date: $ 229.95	semi monthly payroll deduction	$43.80 ($10.95 per pay period)

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

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

FEBAN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 3

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): The 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. Eileen McDonnell, 481 First Street, Oradell, New Jersey 07649	The Guardian Life Ins. Co. of America / Vice President	Semi monthly payroll deduction	$60 ($15 per pay period)
B. John O'Callaghan, 405 St. Ives Drive, Severna Park, Maryland 21142	The Guardian Life Ins Co. of America / Sales Director	Semi monthly payroll deduction	$60 ($15 per pay period)
C. Edward Phelan, 743 Doncaster Drive, Walnut Creek, California 94596	The Guardian Life Ins Co of America / Sales Director	Semi monthly payroll deduction	$64 ($16 per pay period)
D. Joseph Sargent, 231 Balmforth Street, Black Rock, Connecticut 06605	The Guardian Life Ins. Co. of America / President - CEO	Semi monthly payroll deduction	$160 ($40 per pay period)
E. Stephen Scarpati, 1333 McKeel Street, Yorktown Heights, NY 10598	The Guardian Life Ins. Co. of America / Vice President	Semi monthly payroll deduction	$68 ($17 per pay period)
F. Henry Slattery, 42 Harbor Park Drive, Centerport, New York 11721	The Guardian Life Ins. Co. of America / Vice President	Semi monthly payroll deduction	$60 ($15 per pay period)
G. Franklin Sorrentino, 3564 Verona Place, Seaford, New York 11783	The Guardian Life Ins. Co. of America / Sr. Vice President	Semi monthly payroll deduction	$75 ($18.75 per pay period)

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

Aggregate Year-to-Date: A. $315; B. $315; C. $336; D. $840; E. $357; F. $315; G. $393.75

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 1

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
Edward K. Kane 201 Park Ave So. New York, New York 10003	The Guardian Life Ins Co of America Executive V.P.	10.7.98	$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. 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 > $		
C. 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 > $		
D. 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 > $		
E. 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 > $		
F. 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 > $		
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) 1999.56

FEBA/H121

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 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
Green for Congress PO Box 12571 Green Bay, Wisconsin 54307	Campaign Contribution	10-27-98	500
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**
Life PAC ACLI 1001 Pennsylvania Ave N.W. Washington, DC. 20004-2599	contribution to trade association PAC	11-4-98	5000
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**
Chase Bank 221 Park Ave South New York, New York 10003	bank checking fees	various	14.19
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) 5514.19

FEBA/9121

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 12/3/98
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PREPARER	DATE PREPARED 12/3/98

(4/98)