

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)

ADDRESS (number and street) 7 HANOVER SQUARE

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 03 / 31 / 2013

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 WALTER SKINNER

Signature of Treasurer WALTER SKINNER [Electronically Filed] Date 04 / 15 / 2013

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)

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="129196.04"/>	<input type="text" value="129196.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129196.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30836.76"/>	<input type="text" value="30836.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="160032.80"/>	<input type="text" value="160032.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10094.94"/>	<input type="text" value="10094.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="149937.86"/>	<input type="text" value="149937.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y 03 / 31 / 2013

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		
(i) Itemized (use Schedule A).....	22835.00	22835.00
(ii) Unitemized .....	8001.76	8001.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30836.76	30836.76
(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) .....	30836.76	30836.76
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 Transfers (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))..... ▶	30836.76	30836.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30836.76	30836.76

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	94.94	94.94
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	10094.94	10094.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10094.94	10094.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	30836.76	30836.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30836.76	30836.76
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 OF 17
<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

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 Federal PAC)**

**A. DEANNA MULLIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 DINGLE RIDGE RD  
 City NORTH SALEM State NY Zip Code 10560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Life Insurance Co. Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 4716778**  
 Amount of Each Receipt this Period  
 5000.00

**B. BRIAN KEATING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Life Insurance Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 4745438**  
 Amount of Each Receipt this Period  
 3000.00

**C. GORDON DINSMORE Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 SOUTH ST  
 City PITTSFIELD State MA Zip Code 01201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Berkshire Life Insurance Co. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 4745440**  
 Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9250.00
<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 7 OF 17
	<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 Federal PAC)**

**A. JESS GELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Vice President & Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 4745441**  
 Amount of Each Receipt this Period  
 500.00

**B. MICHAEL CEFOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Vice President CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 4745442**  
 Amount of Each Receipt this Period  
 1500.00

**C. ROBERT BROATCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 MOUNTAIN AVE  
 City RIDGEWOOD State NJ Zip Code 07450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Life Insurance Co. Occupation Executive Vice President of Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 4745443**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 8 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL BYRNE**

Mailing Address **206 SCHINDLER DRIVE**

City **FLORHAM PARK** State **NJ** Zip Code **07932**

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

Name of Employer **Guardian Life Insurance** Occupation **Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 31 / 2013**  
**Transaction ID : PR31711274892**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. VINCENT D ADDONA**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co** Occupation **AGENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 31 / 2013**  
**Transaction ID : PR31711304892**

Amount of Each Receipt this Period  
**600.00**

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. SYLVAN FELDSTEIN**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co** Occupation **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**03 / 31 / 2013**  
**Transaction ID : PR31711374892**

Amount of Each Receipt this Period  
**450.00**

P/R Deduction (\$150.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1350.00</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 9 OF 17
	<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 Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. ALEXANDER GRANT**

Mailing Address 345 ESSEX 57 ST, APT 16D  
 Apt 16D

City State Zip Code  
 NEW YORK NY 10022

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

Name of Employer Occupation  
 Guardian Life Insurance Co Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR31711454892**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS GREENE**

Mailing Address 7 HANOVER SQUARE

City State Zip Code  
 NEW YORK NY 10004

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

Name of Employer Occupation  
 Guardian Life Insurance Co. 2nd Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR31711484892**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. ENIS JURADO-NIEVES**

Mailing Address 7 HANOVER SQUARE

City State Zip Code  
 NEW YORK NY 10004

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

Name of Employer Occupation  
 Guardian Life Insurance Co. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR31711574892**

Amount of Each Receipt this Period  
 600.00

P/R Deduction (\$30.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. BRIAN KEATING**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co.** Occupation **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31711584892**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. MARK MURPHY**

Mailing Address **4 BECKER FARM RD**

City **ROSELAND** State **NJ** Zip Code **07068**

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

Name of Employer **Guardian Life Insurance Co.** Occupation **AGENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31711714892**

Amount of Each Receipt this Period  
**600.00**

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. RICHARD O'DONNELL**

Mailing Address **46 LONGFELLOW LANE**

City **MAHWAH** State **NJ** Zip Code **07430**

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

Name of Employer **Guardian Life Insurance** Occupation **Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31711734892**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$70.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</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 11 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. TRACY RICH**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co.** Occupation **Executive Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31711814892**

Amount of Each Receipt this Period  
**600.00**

P/R Deduction (\$150.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. RICHARD SCOTT**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co.** Occupation **Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31711844892**

Amount of Each Receipt this Period  
**450.00**

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. Walter Skinner**

Mailing Address **7 Hanover Sq**

City **New York** State **NY** Zip Code **10004**

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

Name of Employer **Guardian Life Insurance Co** Occupation **Assistant Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR31849464892**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1350.00**

**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 12 OF 17
	<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 Federal PAC)**

**A. THOMAS SMOOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation Second Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2013  
**Transaction ID : PR31884784892**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Semi-Monthly)

**B. MARGHERITA DIMANNI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2013  
**Transaction ID : PR31884834892**  
 Amount of Each Receipt this Period 600.00  
 P/R Deduction (\$100.00 Semi-Monthly)

**C. ELIZABETH MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2013  
**Transaction ID : PR31884844892**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

**A. LESLIE BARBI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR31884874892**  
 Amount of Each Receipt this Period  
 600.00  
 P/R Deduction (\$100.00 Semi-Monthly)

**B. JOHN FLANNIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation Senior VP & Corporate Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR31884894892**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**C. JOHN P MCCARTHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUARDIAN LIFE INSURANCE CO Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR32398294892**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$0.00 )

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 14 OF 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

Full Name (Last, First, Middle Initial) <b>A. DONG AHN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	31	/	2013								
Mailing Address <b>7 HANOVER SQUARE</b>		<b>Transaction ID : PR32398364892</b>										
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10004</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>										
Name of Employer <b>GUARDIAN LIFE INSURANCE CO</b>	Occupation <b>GROUP STRATEGY/BUSINESS PLANNING /I</b>	P/R Deduction (\$0.00 )										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>											

Full Name (Last, First, Middle Initial) <b>B. BARBARA REGAN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	31	/	2013								
Mailing Address <b>7 HANOVER SQUARE</b>		<b>Transaction ID : PR33152164892</b>										
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10004</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>										
Name of Employer <b>GUARDIAN LIFE INSURANCE CO</b>	Occupation <b>Second Vice President</b>	P/R Deduction (\$0.00 )										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>											

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS SCOTT DOLFI</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	31	/	2013								
Mailing Address <b>7 HANOVER SQUARE</b>		<b>Transaction ID : PR39070294892</b>										
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10004</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>										
Name of Employer <b>GUARDIAN LIFE INSURANCE CO</b>	Occupation <b>EXECUTIVE VICE PRESIDENT</b>	P/R Deduction (\$0.00 )										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</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 15 OF 17
	<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 Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. MARK ABBOTT**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **GUARDIAN LIFE INSURANCE CO** Occupation **MANAGING DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR40763654892**

Amount of Each Receipt this Period  
**240.00**

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)  
**B. BRAD THOMAS**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **GUARDIAN LIFE INSURANCE CO** Occupation **EXECUTIVE ADMINISTRATION**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR40763694892**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)  
**C. DAVID JACOBY**

Mailing Address **7 HANOVER SQUARE**

City **NEW YORK** State **NY** Zip Code **10004**

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

Name of Employer **GUARDIAN LIFE INSURANCE CO** Occupation **CFO & VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  
**03 / 31 / 2013**

**Transaction ID : PR40763914892**

Amount of Each Receipt this Period  
**345.00**

P/R Deduction (\$0.00 )

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>885.00</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 16 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)**

Full Name (Last, First, Middle Initial)  
**A. PETER FEELEY**

Mailing Address 7 Hanover Square

City State Zip Code  
 New York NY 10004

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

Name of Employer Occupation  
 Guardian Life VP, Corporate Chief Compliance Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : PR47994444892**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22835.00

**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 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 Federal PAC)

Full Name (Last, First, Middle Initial)

**A. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Robert Casey Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

Transaction ID : 4745482

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION**

Mailing Address

City State DC Zip Code

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : 4745486

Amount of Each Disbursement this Period

5000.00
---------

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

10000.00
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