

**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. <div style="border: 1px solid black; padding: 2px; display: inline-block;">12FE4M5</div>
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE Federal PAC)		
ADDRESS (number and street) <div style="border: 1px solid black; padding: 2px; display: inline-block;">7 HANOVER SQUARE</div>		
<input type="checkbox"/> Check if different than previously reported. (ACC)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NEW YORK</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10004</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
<div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00173393</div>		
3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)		
4. TYPE OF REPORT (Choose One)		
(a) Quarterly Reports:		
<input type="checkbox"/> April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	
<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)	
<input type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Mar 20 (M3) <input type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)	
<input type="checkbox"/> January 31 Year-End Report (YE)	<input type="checkbox"/> Apr 20 (M4) <input type="checkbox"/> Jul 20 (M7) <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE)	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:	
<input type="checkbox"/> Termination Report (TER)	<input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)	
	<input type="checkbox"/> Convention (12C) <input type="checkbox"/> Special (12S)	
	Election on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y Y Y</div> in the State of <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
	(d) 30-Day POST-Election Report for the:	
	<input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)	
	Election on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y Y Y</div> in the State of <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
5. Covering Period <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y Y Y</div> through <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y Y Y</div>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2015</div> through <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">30</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2015</div>		

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 SKINNERSignature of Treasurer WALTER SKINNER

[Electronically Filed]

Date

M M M

 / 

D D D

 / 

Y Y Y Y Y Y Y Y

  

07

 / 

14

 / 

2015

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 Federal PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">173486.60</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">142242.46</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">16973.76</span>	<span style="border: 1px solid black; padding: 2px;">35407.52</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">159216.22</span>	<span style="border: 1px solid black; padding: 2px;">208894.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">31130.60</span>	<span style="border: 1px solid black; padding: 2px;">80703.52</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">128085.62</span>	<span style="border: 1px solid black; padding: 2px;">128190.60</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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 Y
04	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**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).....

15186.04

26246.04

(ii) Unitemized .....

1787.72

9161.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16973.76

35407.52

(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) ..... ▶

16973.76

35407.52

## 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))..... ▶

16973.76

35407.52

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

16973.76

35407.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	31000.00	80500.00
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 .....	130.60	203.52
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)) ..	31130.60	80703.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31130.60	80703.52

**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) .....	16973.76	35407.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16973.76	35407.52
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: PAGE 6 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Full Name (Last, First, Middle Initial)

**A. Jonathan Renfrew**

Mailing Address 101 Constitution Ave NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

C

Name of Employer

Guardian Life Insurance

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2015

Transaction ID : 7226782

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. PETER Atwater**

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR317111414357

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. GINA Birchall**

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

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR317111914357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

2830.00

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: PAGE 7 OF 35

(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. MICHAEL F 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR317112714357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR317113014357

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

C. LARRY Dietz

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR317113114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

1050.00

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 PageFOR LINE NUMBER: PAGE 8 OF 35  
(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 Federal PAC)

Full Name (Last, First, Middle Initial)

**A. SYLVAN G Feldstein**

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

Guardian Life Insurance Co

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : PR317113714357

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL Ferik**

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

Guardian Life Insurance Co.

Occupation

Senior Vice President

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
0	6		3	0		2	0	1	5		

Transaction ID : PR317113814357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. DOUG 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

Guardian Life Insurance Co.

Occupation

2nd Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : PR317114814357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

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

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

900.00



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

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

FOR LINE NUMBER: PAGE 9 OF 35

(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. LISA Powell**

Mailing Address 3709 BARTON CREEK BLVD

City State Zip Code  
 AUSTIN TX 78735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian Life Insurance Co.

Occupation

Vice President BRC for Advanced Market

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  
 06 30 2015

Transaction ID : PR317115114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. STEWART M Johnson**

Mailing Address 7 HANOVER SQ

City State Zip Code  
 NEW YORK NY 10004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian Life Insurance Co.

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR317115414357

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Ellie 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

Guardian Life Insurance Co.

Occupation

Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR317115714357

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Weekly)

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

930.00

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: PAGE 10 OF 35

(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. MARK B Murphy**

Mailing Address 4 BECKER FARM RD

City  
ROSELAND

State Zip Code  
NJ 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 ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR317117114357

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD O'Donnell**

Mailing Address 46 LONGFELLOW LANE

City  
MAHWAH

State Zip Code  
NJ 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 ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

Transaction ID : PR317117314357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. HELEN Rennie**

Mailing Address 7 HANOVER SQUARE

City  
NEW YORK

State Zip Code  
NY 10004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance Co.

Occupation  
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  
06 30 2015

Transaction ID : PR317118014357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

1050.00

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: PAGE 11 OF 35

(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. TRACY Rich

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

Guardian Life Insurance Co.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR317118114357

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Walter R Skinner

Mailing Address 7 Hanover Sq

City State Zip Code  
 New York NY 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR318494614357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT R Reale

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

GUARDIAN LIFE INSURANCE CO

Occupation

Managing Director

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  
 06 30 2015

Transaction ID : PR318847714357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

1050.00

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: PAGE 12 OF 35

(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. CHRISTOPHER T Swanker

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

Guardian Life Insurance Co

Occupation

Vice President, Group Dental &amp; Vision

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  
 06 30 2015

Transaction ID : PR318847914357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

B. ANDREW E Gordon

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

Guardian Life Insurance Co

Occupation

Actuary

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  
 06 30 2015

Transaction ID : PR318848114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

C. LINDA Hogan

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

Guardian Life Insurance Co

Occupation

Second Vice President - HR Business Pa

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  
 06 30 2015

Transaction ID : PR318848214357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 35  
(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 Federal PAC)

Full Name (Last, First, Middle Initial)

**A. MARGHERITA Dimanni**

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  
GUARDIAN LIFE INSURANCE COOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : PR318848314357

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN Flannigan**

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  
GUARDIAN LIFE INSURANCE COOccupation  
Senior VP & Corporate Controller

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
06	/	30	/	2015

Transaction ID : PR318848914357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. SEAN Quinn**

Mailing Address 700 SOUTH STREET

City	State	Zip Code
PITTSFIELD	MA	01201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUARDIAN LIFE INS. COOccupation  
Vice President & Counsel Law

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
06	/	30	/	2015

Transaction ID : PR318849514357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

1050.00

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 14 OF 35

☒ 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. OLEG Gurvits**

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  
 GUARDIAN LIFE INS. CO

Occupation  
 Assistant Vice President, Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR318849714357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAMES Bryant**

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  
 GUARDIAN LIFE INSURANCE CO

Occupation  
 Corporate Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR323982514357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

## **C. DOUGLAS B Dubitsky**

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  
 GUARDIAN LIFE INSURANCE CO

Occupation  
 VICE PRESIDENT PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR323983114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 15 OF 35  
(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. DONG Ahn**

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

GUARDIAN LIFE INSURANCE CO

Occupation

GROUP STRATEGY/BUSINESS PLANNING /I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR323983614357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN P Meehan**

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

GUARDIAN LIFE INSURANCE CO

Occupation

DIRECTOR, ENTERPRISE APPLICATION DE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR323984014357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. MARLA Roman**

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

GUARDIAN LIFE INSURANCE CO

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR323984214357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

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

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

570.00

# **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)

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☒ 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. STUART J Shaw**

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

GROUP PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR331521514357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHANIE Susens**

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 Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR331521814357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. JARED M Williams**

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 Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR331521914357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

420.00



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

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

FOR LINE NUMBER: PAGE 17 OF 35

(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. DOUGLAS SCOTT Dolfi

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

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR390702914357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS Rafferty

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

VP, AGENCY ADMINISTRATION &amp; FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR390703114357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. MARK C 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR407636514357

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Weekly)

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

660.00

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: PAGE 18 OF 35  
 (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. SHARRI Norman**

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  
 GUARDIAN LIFE INSURANCE CO

 Occupation  
 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR407636714357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID Jacoby**

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  
 GUARDIAN LIFE INSURANCE CO

 Occupation  
 CFO & VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR407639114357

Amount of Each Receipt this Period

360.00

P/R Deduction (\$75.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. EDUARDO Blanco**

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  
 GUARDIAN LIFE INSURANCE CO

 Occupation  
 Vice President, Chief Audit Executive

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  
 06 30 2015

Transaction ID : PR407639614357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

630.00

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: PAGE 19 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Full Name (Last, First, Middle Initial)

**A. DEBRA B Zoppy**

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  
GUARDIAN LIFE INSURANCE CO

Occupation  
DIRECTOR

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  
 06 30 2015

Transaction ID : PR407640014357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. KEVIN Carey**

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  
GUARDIAN LIFE INSURANCE CO

Occupation  
COUNSEL

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  
 06 30 2015

Transaction ID : PR407641614357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. LAWRENCE Hazzard**

Mailing Address 700 SOUTH STREET

City State Zip Code  
 PITTSFIELD MA 01201

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR407646114357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

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

420.00

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: PAGE 20 OF 35

(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. RICHARD Sikorski

Mailing Address 7 HANOVER SQUARE

City State Zip Code  
 NEW YORK NY 01201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUARDIAN LIFE INSURANCE CO

Occupation  
ASSISTANT VICE PRESIDENT

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  
 06 30 2015

Transaction ID : PR407647214357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

B. CARL Desrochers

Mailing Address 700 SOUTH STREET

City State Zip Code  
 PITTSFIELD MA 01201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUARDIAN LIFE INSURANCE CO

Occupation  
2ND VICE PRESIDENT - ACTUARY

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  
 06 30 2015

Transaction ID : PR407648214357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

C. RAYMOND Marra

Mailing Address 7 Hanover Sq

City State Zip Code  
 New York NY 10004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Group Ins Products Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR442534314357

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Weekly)

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

540.00

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: PAGE 21 OF 35

(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. CARL Amick**

Mailing Address 7 HANOVER SQ

City State Zip Code  
 NEW YORK NY 10004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GUARDIAN

Occupation

Vice President Pricing &amp; Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR442534614357

Amount of Each Receipt this Period

210.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Michael Edson**

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

GUARDIAN

Occupation

Director, Agency Operations

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  
 06 30 2015

Transaction ID : PR479909014357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Gordon Bailey**

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

Guardian

Occupation

Vice President &amp; CFO, Retirement Solut

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  
 06 30 2015

Transaction ID : PR479909114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

510.00

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: PAGE 22 OF 35

(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

New York

State

NY

Zip Code

10004

FEC ID number of contributing federal political committee.

C

Name of Employer

Guardian Life

Occupation

VP, Corporate Chief Compliance Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR479944414357

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Nahulan Ethirveerasingam**

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

Occupation

Second Vice President, Product Managem

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR480029214357

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY Sherman**

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

Occupation

Vice President, Compensation, Benefits

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : PR480029414357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

570.00

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: PAGE 23 OF 35

(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. Simon Manning

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

Guardian

Occupation

Director, Business Controls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR515435914357

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL Kryza

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

Guardian Life Insurance

Occupation

Vice President, Business Development,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : PR557667914357

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)

C. John H Walter

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

Guardian

Occupation

Vice President, Director of Finance, R

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  
 06 30 2015

Transaction ID : PR564218714357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

515.04

# **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 24 OF 35

☒ 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. Stephen J Prunier**

Mailing Address 700 South St.

City

Pittsfield

State

MA

Zip Code

01201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian

Occupation

Second Vice President, Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR564219014357

Amount of Each Receipt this Period

141.00

P/R Deduction (\$23.50 Weekly)

Full Name (Last, First, Middle Initial)

**B. Terence Zastrow**

Mailing Address 2300 East Capitol Dr.

City

Appleton

State

WI

Zip Code

54911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian

Occupation

Second Vice President, Group Maintenance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR564219114357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Michael R Moreau**

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, Human Resources Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : PR564219214357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

441.00



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

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

FOR LINE NUMBER: PAGE 25 OF 35

(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. Richard C Jones

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

Occupation

Vice President, Government Relations

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  
06 / 30 / 2015

Transaction ID : PR656727414357

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Weekly)

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

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

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

150.00

15186.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 35

<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. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mike Thompson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : 7226220

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**Mailing Address 3440 Youngfield Street  
#264

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : 7226222

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Jon Tester

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : 7226223

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 35

<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. Duffy For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address PO Box 538

City	State	Zip Code
Wausau	WI	54402

**Transaction ID : 7226225**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Sean P. Duffy**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 07

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

**Transaction ID : 7226226**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Sen. John R. Thune**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SD District:

Full Name (Last, First, Middle Initial)

**C. Friends Of Erik Paulsen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City	State	Zip Code
Eden Prairie	MN	55344

**Transaction ID : 7226228**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Erik P. Paulsen**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 35

<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. Mchenry For Congress**

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603

Purpose of Disbursement

011

Candidate Name

Rep. Patrick McHenry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : 7226230

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement

011

Candidate Name

Sen. Patty Murray

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 7226232

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Himes For Congress**

Mailing Address 857 Post Road, #312

City	State	Zip Code
Fairfield	CT	06824

Purpose of Disbursement

011

Candidate Name

Rep. Jim A. Himes

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2015

Transaction ID : 7226235

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 35

<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. Capuano For Congress Committee**

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement

011

Candidate Name

Rep. Michael E. Capuano

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

Transaction ID : 7226236

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement

011

Candidate Name

Rep. Kevin Brady

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

Transaction ID : 7226237

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Carper For Senate**

Mailing Address PO Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement

011

Candidate Name

Sen. Thomas R. Carper

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Transaction ID : 7226238

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 35

<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. Bennet For Colorado**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

**Transaction ID : 7226239**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Michael F. Bennet**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547

**Transaction ID : 7226240**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Paul Ryan**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Mailing Address PO Box 15293

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 7226241**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Sherrod Brown**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 35

<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. Portman For Senate Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

**Transaction ID : 7226242**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rob Portman**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

**B. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

**Transaction ID : 7226243**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jeb Hensarling**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**C. Hoyer For Congress**Mailing Address 700 13th Street Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

**Transaction ID : 7226245**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Steny H. Hoyer**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 35

<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. Kind For Congress Committee**

Mailing Address 3061 Edgewater Ln

City  
La CrosseState  
WIZip Code  
54603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : 7226246

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City  
CharlestonState  
SCZip Code  
29407

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Tim Scott

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 7226248

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Pat Toomey

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 7226249

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 35

<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. Shelby For U S Senate**

Mailing Address Post Office Box 1091

City	State	Zip Code
Tuscaloosa	AL	35403

Purpose of Disbursement

011

Candidate Name

**Sen. Richard Shelby**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**Transaction ID : 7226250**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Chris Murphy**

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement

011

Candidate Name

**Sen. Chris Scott Murphy**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**Transaction ID : 7226252**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement

011

Candidate Name

**Rep. Richard E. Neal**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

**Transaction ID : 7226777**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

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

**A. Hatch Election Committee Inc**

Date of Disbursement

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Transaction ID : 7226778

### Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2015

☒ Primary ☐ General

☐ Other (specify) ▼

State: UT District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

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

1000.00

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

31000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 35

<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 Federal PAC)

Full Name (Last, First, Middle Initial)

**A. JPMorgan Chase**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address

City	State	Zip Code
	DC	

**Transaction ID : 7226832**

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

68.26
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

68.26
68.26