

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 31

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NAME OF COMMITTEE (in Full)

GUARDIAN LIFE INS. CO. OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete King for Congress Committee P.O. Box 1428 Seaford, N.Y. 11783	contribution/reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-19-97	500 ⁰⁰
Lazio for Congress 4451 Brookfield Corporate Drive #200 Chantilly, Virginia 20151-1652	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-3-97	500 ⁰⁰
LifePAC American Council of Life Insurers 1001 Pennsylvania Ave N.W. Washington, DC 20004-2599	trade association PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-5-97	5000 ⁰⁰
Friends of Senator D'Amato P.O. Box 888 Mineola, N.Y. 11501	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-24-97	1000 ⁰⁰
The Bill Thomas Campaign P.O. Box 395 Bakersfield, California 93302	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-97	250 ⁰⁰
HIAA-PAC Health Ins. Assoc. of America 555 13th St. Ste 600 East Washington, D.C. 20004-1109	trade association PAC contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-23-97	5000 ⁰⁰
Earl Pomeroy for Congress P.O. Box 746 Bismark, No. Dakota 58502	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-6-97	250 ⁰⁰
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

12,500⁰⁰