

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 AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

ADDRESS (number and street) 1290 Avenue of the Americas New York NY 10104

2. FEC IDENTIFICATION NUMBER C C00161901 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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 02 01 2016 through 02 29 2016

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 Christopher Denham

Signature of Treasurer Christopher Denham [Electronically Filed] Date 03 03 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AXA Equitable Life Insurance Company Political Action Committee (AXA 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="2016"/>	<input type="text" value="178821.90"/>	<input type="text" value="178821.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184046.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8280.18"/>	<input type="text" value="16544.34"/>
(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="192326.24"/>	<input type="text" value="195366.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22000.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170326.24"/>	<input type="text" value="170366.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Write or Type Committee Name

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

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

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).....	3780.00	5168.00
(ii) Unitemized	4500.18	11376.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8280.18	16544.34
(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)	8280.18	16544.34
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))..... ▶	8280.18	16544.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8280.18	16544.34

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.....	22000.00	25000.00
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	0.00	0.00
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)) ..	22000.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22000.00	25000.00

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)	8280.18	16544.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8280.18	16544.34
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 16
<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. DAVE HATTEM
Full Name (Last, First, Middle Initial)
Mailing Address 1290 Ave. of the Americas
City New York State NY Zip Code 10104-0101
FEC ID number of contributing federal political committee. **C**
Name of Employer AXA Financial, Inc. Occupation SR. EXE DIR. & DEP GEN COUNSEL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **768.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : PR1018390840550
Amount of Each Receipt this Period **384.00**
 Memo Item
P/R Deduction (\$384.00 Bi-Weekly)

B. DAVID KARR
Full Name (Last, First, Middle Initial)
Mailing Address 124 PLYMOUTH ROAD
City LOWER GWYNEDD State PA Zip Code 19002-1971
FEC ID number of contributing federal political committee. **C**
Name of Employer AXA Advisors, LLC Occupation EVP --BM---Philadelphia
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **768.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : PR1018399640550
Amount of Each Receipt this Period **384.00**
 Memo Item
P/R Deduction (\$384.00 Bi-Weekly)

C. TED BEAL Sr
Full Name (Last, First, Middle Initial)
Mailing Address 333 Thornall Street 8th
City Edison State NJ Zip Code 08837-2220
FEC ID number of contributing federal political committee. **C**
Name of Employer AXA Advisors Occupation EVP Branch Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : PR1018409040550
Amount of Each Receipt this Period **150.00**
 Memo Item
P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	918.00
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 7 OF 16
	<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. SUSAN LAVALLEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 CHILLINGHAM WAY
 City BALDWINVILLE State NY Zip Code 13027-8458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation MD - Employer Sponsor Ops.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1907711540550
 Amount of Each Receipt this Period 114.00
 Memo Item
 P/R Deduction (\$114.00 Bi-Weekly)

B. KEVIN MOLLOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 WEST 86TH STREET Apt. 9A
 City New York State NY Zip Code 10024-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation Head of Employer Sponsored
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1916440740550
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

C. DROR NIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1633 Broadway
 City New York State NY Zip Code 10019-6708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Advisors, LLC Occupation EVP---NY Metro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1926422840550
 Amount of Each Receipt this Period 165.00
 Memo Item
 P/R Deduction (\$165.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	429.00
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 8 OF 16
	<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. RYAN BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 E. Cottonwood Pkwy
 Suite 430
 City Salt Lake City State UT Zip Code 84121-7055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Advisors Occupation EVP---BM Salt Lake City
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1926905240550
 Amount of Each Receipt this Period 165.00
 Memo Item
 P/R Deduction (\$165.00 Monthly)

B. JAMES MELLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 NORTH LAKE DRIVE
 City WHITEFISH BAY State WI Zip Code 53217-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Advisors Occupation EVP Wisconsin Branch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1928263340550
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$120.00 Bi-Weekly)

C. JOSEPH DI MORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Madison Street
 City Syracuse State NY Zip Code 13202-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Advisors Occupation EVP---Syracuse Branch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR1937997240550
 Amount of Each Receipt this Period 165.00
 Memo Item
 P/R Deduction (\$165.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 9 OF 16
<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. NICK LANE
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP - AXA ADVISORS BUSINESS PLATFORM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2148756040550

Amount of Each Receipt this Period 200.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

B. TRACEY GRAY-WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 1355 MARTINE AVENUE

City PLAINFIELD State NJ Zip Code 07060-3127

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

Name of Employer AXA Financial, Inc. Occupation MD - Life & Savings Association Distri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2195072540550

Amount of Each Receipt this Period 114.00

Memo Item

P/R Deduction (\$114.00 Bi-Weekly)

C. DILLAN MICUS
Full Name (Last, First, Middle Initial)

Mailing Address 14851 N. Scottsdale Rd Suite 103

City Scottsdale State AZ Zip Code 85254-2790

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

Name of Employer AXA Advisors, LLC Occupation EVP--Scottsdale AZ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2247853640550

Amount of Each Receipt this Period 165.00

Memo Item

P/R Deduction (\$165.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	479.00
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 10 OF 16
	<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. KERRITT BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 313 WEST 118TH STREET
PH G

City New York State NY Zip Code 10026-1057

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

Name of Employer AXA Financial, Inc. Occupation ASSOCIATE GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
02 / 29 / 2016
Transaction ID : PR2463744240550

Amount of Each Receipt this Period
114.00

Memo Item

P/R Deduction (\$114.00 Bi-Weekly)

B. TODD SOLASH
Full Name (Last, First, Middle Initial)

Mailing Address 20 PINE ST
Apt. 2801

City New York State NY Zip Code 10005-1433

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

Name of Employer AXA Financial, Inc. Occupation RETIREMENT SAVINGS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
02 / 29 / 2016
Transaction ID : PR2491845840550

Amount of Each Receipt this Period
114.00

Memo Item

P/R Deduction (\$114.00 Bi-Weekly)

C. Andrea ANDREA NITZAN
Full Name (Last, First, Middle Initial)

Mailing Address 68 VALLEY VIEW TERRACE

City MONTVALE State NJ Zip Code 07645-1041

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

Name of Employer AXA Financial Occupation Executive Vice President - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 29 / 2016
Transaction ID : PR2563949440550

Amount of Each Receipt this Period
200.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	428.00
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 11 OF 16
	<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. Anthony ANTHONY RECINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 COOPER PLACE
 City Harrison State NY Zip Code 10528-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation Legal/Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2635067440550
 Amount of Each Receipt this Period 114.00
 Memo Item
 P/R Deduction (\$114.00 Bi-Weekly)

B. PRISCILLA BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 THOMAS ROAD
 City PHILADELPHIA State PA Zip Code 19118-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2636331040550
 Amount of Each Receipt this Period 320.00
 Memo Item
 P/R Deduction (\$320.00 Bi-Weekly)

C. SARAS AGARWAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 CARRIAGE WAY
 City PRINCETON State NJ Zip Code 08540-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2636331140550
 Amount of Each Receipt this Period 114.00
 Memo Item
 P/R Deduction (\$114.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	548.00
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 16
	<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)
AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

A. KENNETH KOZLOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 PINES LAKE DRIVE EAST
 City WAYNE State NJ Zip Code 07470-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation Fund Mgmt Grp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2636331440550
 Amount of Each Receipt this Period 114.00
 Memo Item
 P/R Deduction (\$114.00 Bi-Weekly)

B. SHARON RITCHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE COLUMBUS PLACE APT S43E
 City New York State NY Zip Code 10019-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2637608840550
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$300.00 Bi-Weekly)

C. JAMES O'BOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 PETERBUSH DR.
 City MONROE State NY Zip Code 10950-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Financial, Inc. Occupation MD - Operations and Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 02 / 29 / 2016
Transaction ID : PR2637724940550
 Amount of Each Receipt this Period 114.00
 Memo Item
 P/R Deduction (\$114.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	528.00
TOTAL This Period (last page this line number only).....	3780.00

**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)

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Richard Burr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211540

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Richard Burr

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211550

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Katko For Congress

Mailing Address PO Box 133

City Camillus State NY Zip Code 13031

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. John Katko

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211562

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

**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)

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

Full Name (Last, First, Middle Initial)

A. Katko For Congress

Mailing Address PO Box 133

City State Zip Code
Camillus NY 13031

Purpose of Disbursement

Category/
Type

Candidate Name

Rep. John Katko

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39211605

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate, Inc.

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement

Category/
Type

Candidate Name

Sen. Benjamin Cardin

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39211606

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

Purpose of Disbursement

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39211607

Amount of Each Disbursement this Period

Memo Item

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

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

**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)

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

Full Name (Last, First, Middle Initial)

A. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Thom Tillis

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211608

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Diane Black

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211609

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address 5805 32nd Street

City Washington State DC Zip Code 20015

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Orrin Hatch

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : 39211610

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

**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)

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 5805 32nd Street

City Washington State DC Zip Code 20015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Orrin Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	9		2	0	1	6		

Transaction ID : 39211611

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

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	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

22000.00