

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAXA Equitable Life Insurance Company Political Action Committee (AXA Equitable  
PAC)

ADDRESS (number and street)

1290 Avenue of the Americas

4th Floor

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10104

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

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

10

01

2005

through

10

31

2005

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

Paul J. Flora

Signature of Treasurer

Electronically Filed by Paul J. Flora

Date

02

09

2006

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							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	5

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		114003.74
(b) Cash on Hand at Beginning of Reporting Period .....	56101.60	
(c) Total Receipts (from Line 19) .....	4309.38	59414.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60410.98	173418.24
7. Total Disbursements (from Line 31) .....	3000.00	116007.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	57410.98	57410.98
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 5

To:

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

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	3770.00	33800.17
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	539.38	25614.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	4309.38	59414.50
(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) ..... ➡	4309.38	59414.50
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 Transfer (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)) .....	4309.38	59414.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4309.38	59414.50

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(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.....		3000.00	113000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	3007.26
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..		3000.00	116007.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		3000.00	116007.26

**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) .....	4309.38	59414.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4309.38	59414.50
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(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)

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

<b>A.</b> Full Name (Last, First, Middle Initial) KEVIN HANLEY		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address TRI PARKWAY PLAZA 230 HALF MILE RD.		<b>Transaction ID:</b> PR1018365412818	
City RED BANK State NJ Zip Code 07701		Amount of Each Receipt this Period <div>25.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Advisors, LLC		Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS RUGGIERO		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 45 WILLIAM STREET SUITE 110		<b>Transaction ID:</b> PR1018366412818	
City WELLESLEY State MA Zip Code 02181		Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Advisors, LLC		Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>800.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) KEVIN CLAIR		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 22nd Floor		<b>Transaction ID:</b> PR1018369312818	
City New York State NY Zip Code 10104		Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial, Inc.		Occupation Systems Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>220.00</div>	

P/R Deduction (\$25.00 Monthly)

P/R Deduction (\$80.00 Monthly)

P/R Deduction (\$20.00 Bi-Weekly)

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 33

(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)

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

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

ALVIN FENICHEL

Mailing Address 1290 Ave. of the Americas  
11th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018371112818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

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

ELIZABETH HALLAM

Mailing Address 6435 Shiloh Rd. Suite A

City State Zip Code  
Alpharetta GA 30005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
AVP, Advisors Support Group - hdqtrs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018372212818

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

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

EDWARD HAYES

Mailing Address 200 PLAZA DRIVE

City State Zip Code  
SECAUCUS NJ 07006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
SENIOR VICE PRESIDENT - Annuity Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018372512818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** ALFRED KUMP

Mailing Address 787 7TH AVENUE  
5th Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VP - Payroll Services Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018374512818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B.** THOMAS LONG

Mailing Address 1290 Ave. of the Americas  
4th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VP - Internal Audit Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018375012818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.** PATRICIA MACISAAC

Mailing Address 200 PLAZA DRIVE  
2

City State Zip Code  
SECAUCUS NJ 07094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VP - Technical Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018375112818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

90.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

JANE MAHONEY

Mailing Address 1290 Ave. of the Americas  
7th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
SVP - Admin & Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018375212818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

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

JOHN MIRANDA

Mailing Address 1290 Ave. of the Americas  
18th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
Technological Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018376512818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

LORETTA RONCZKA

Mailing Address 787 Seventh Ave.  
5th Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VP - Field Force Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018378712818

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

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

120.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) GEORGE SEAL III		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 12th Floor		<b>Transaction ID:</b> PR1018379512818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Financial, Inc.		Occupation VP - Investment Planning / Forecasting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>220.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD SILVER		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 16th Floor		<b>Transaction ID:</b> PR1018380212818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div>150.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Financial, Inc.		Occupation EVP AND GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1425.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD STUMPF		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 12th Floor		<b>Transaction ID:</b> PR1018380712818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Financial, Inc.		Occupation VP & ASSOC. GEN. COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>285.00</div>	

P/R Deduction (\$20.00 Bi-Weekly)

P/R Deduction (\$150.00 Bi-Weekly)

P/R Deduction (\$30.00 Bi-Weekly)

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID WOLLIN		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 17th Floor		<b>Transaction ID:</b> PR1018382712818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Financial, Inc.		Occupation MANAGING DIRECTOR - E Business Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>330.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) MARK WUTT		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 13th Floor		<b>Transaction ID:</b> PR1018382812818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div>70.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Financial, Inc.		Occupation SVP - TSG Headquarters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>770.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS DUDDY JR.		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 6133 N. RIVER ROAD SUITE 1120		<b>Transaction ID:</b> PR1018384212818	
City State Zip Code ROSEMONT IL 60018		Amount of Each Receipt this Period <div>75.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer AXA Advisors, LLC		Occupation Midwest Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>750.00</div>	

P/R Deduction (\$30.00 Bi-Weekly)

P/R Deduction (\$70.00 Bi-Weekly)

P/R Deduction (\$75.00 Monthly)

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
LUIS GABRIEL CHIAPPY

Mailing Address 9130 SOUTH DADELAND BLVD.  
SUITE 1400

City State Zip Code  
MIAMI FL 33156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018385312818

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 9130 S. DADELAND BLVD  
SUITE 1400

City State Zip Code  
MIAMI FL 33156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018388712818

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 1290 Ave. of the Americas  
16th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
Vice Chairman and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018389612818

Amount of Each Receipt this Period

200.00

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

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

380.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) DAVE HATTEM		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 12th Floor		<b>Transaction ID:</b> PR1018390812818
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial, Inc.	Occupation SVP & ASSOCIATE GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) WENDY COOPER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 12th Floor		<b>Transaction ID:</b> PR1018390912818
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer AXA Financial, Inc.	Occupation SVP & ASSOC. GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) EDNA RUSSO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 333 Thornall Road 8th Floor		<b>Transaction ID:</b> PR1018391212818
City Metuchen	State NJ	Zip Code 07094
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial, Inc.	Occupation VP - TSA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Bi-Weekly)

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) KEVIN BYRNE			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 12th Floor			<b>Transaction ID:</b> PR1018394412818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Financial, Inc.		Occupation SVP and Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>330.00</div> </div>		
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID KARR			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 40 MONUMOUNT ROAD			<b>Transaction ID:</b> PR1018399612818	
City State Zip Code BALA CYNWYD PA 19004			Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Advisors, LLC		Occupation Branch Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW BEIERWALTES			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 233 N. MICHIGAN AVENUE #2450			<b>Transaction ID:</b> PR1018400312818	
City State Zip Code CHICAGO IL 60601			Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Advisors, LLC		Occupation DISTRICT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

P/R Deduction (\$30.00 Bi-Weekly)

P/R Deduction (\$50.00 Monthly)

P/R Deduction (\$25.00 Monthly)

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 33

(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)

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

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

WILLIAM DEGNAN

Mailing Address 7400 W. 100TH STREET  
SUITE 700

City State Zip Code  
OVERLAND PARK KS 66210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Advisors, LLC

Occupation  
Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018402812818

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

STEPHEN BURNTHALL

Mailing Address 6455 SHILOH RD. STE. D

City State Zip Code  
ALPHARETTA GA 30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial, Inc.

Occupation  
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018403412818

Amount of Each Receipt this Period

40.00

P/R Deduction (\$60.00 Bi-Weekly)

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

DEBRA AYRES

Mailing Address 1290 Ave. of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial, Inc.

Occupation  
VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018405812818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DAVID KAM

Mailing Address 1290 Ave. of the Americas  
14th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation

SENIOR VICE PRESIDENT & SENIOR ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018406212818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RALPH VORACEK

Mailing Address 1001 LAKESIDE AVENUE  
SUITE 950

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation

Divisional 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

Transaction ID: PR1018408012818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

ANNE KATCHER

Mailing Address 1290 6TH AVENUE  
14TH FLOOR

City State Zip Code  
NEW YORK NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EQUITABLE

Occupation

SVP & SR. ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018408212818

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

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

110.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
KENNETH POULTON

Mailing Address 6100 FAIRVIEW  
SUITE 200

City State Zip Code  
CHARLOTTE NC 28210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018408712818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1290 Ave. of the Americas  
21st Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
MANAGING DIRECTOR - Misc. Life/ Annuity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018408912818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 1850 N. CENTRAL AVENUE  
#640

City State Zip Code  
PHOENIX AZ 85004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018409312818

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LESTER LOVIER

Mailing Address 1290 Ave. of the Americas  
13th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VP - Life Marketing Hdqtrs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018409712818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN PASSANANTI

Mailing Address Five Revere Drive, Suite 400

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018411312818

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

RONALD THOMAS

Mailing Address 761 233RD STREET

City State Zip Code  
PASADENA MD 21122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018411812818

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS LAMANNA

Mailing Address 1290 Ave. of the Americas  
11th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
AVP & ACTUARY - R&D/Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018412012818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 1290 Ave. of the Americas  
14th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
VICE PRESIDENT - Reporting & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018412712818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 1290 Ave. of the Americas  
16th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
EVP - Expense Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1018413612818

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Bi-Weekly)

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) DIMAS NUNEZ			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 6435 Shiloh Rd. SUITE A			<b>Transaction ID:</b> PR1018414912818	
City State Zip Code ALPHARETTA GA 30005			Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer AXA Financial, Inc.		Occupation VP - Advisors Support Group HQ & Staff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>330.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) ANTHONY BRUCCOLERI			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 11th Floor			<b>Transaction ID:</b> PR1018416212818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer AXA Financial, Inc.		Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>440.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) MARVIN RAFF			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 18th Floor			<b>Transaction ID:</b> PR1018416412818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div>30.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer AXA Financial, Inc.		Occupation Managing Director - Technical Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>285.00</div>		

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

**100.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) HENRY LANDA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417412818
Mailing Address 9130 S. Dadeland Blvd. #1400		
City Miami	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AXA Advisors, LLC	Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$30.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT WOODCOCK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417712818
Mailing Address 855 ROUTE 146		
City CLIFTON PARK	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AXA Advisors, LLC	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$30.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) SEDRIC AUDAS II		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418012818
Mailing Address 2378 WOODLAKE DRIVE STE. 200		
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer AXA Advisors, LLC	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		P/R Deduction (\$100.00 Monthly)

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

160.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER NOONAN

Mailing Address 12377 MERIT DRIVE  
SUITE 1500

City State Zip Code  
DALLAS TX 75251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018418312818

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1290 Ave. of the Americas  
12th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
SVP - Treasurer, Corporate Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018420312818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 1290 Ave. of the Americas  
7th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial, Inc.

Occupation  
SVP - Annuity MPDA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018420612818

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) STACY BRAUN		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 7th Floor		<b>Transaction ID:</b> PR1018420712818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			
Name of Employer AXA Financial, Inc.		Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>330.00</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) MARGARET LOVE		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 6455 SHILOH ROAD SUITE D		<b>Transaction ID:</b> PR1018420812818	
City State Zip Code ALPHARETTA GA 30005		Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			
Name of Employer AXA Financial, Inc.		Occupation AVP - Training/Continuous Learning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>330.00</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) GLENN ONOS		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 20th Floor		<b>Transaction ID:</b> PR1018420912818	
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <div> <div>40.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			
Name of Employer AXA Financial, Inc.		Occupation DIRECTOR - CRM / Siebel Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>440.00</div> </div>	

P/R Deduction (\$30.00 Bi-Weekly)

P/R Deduction (\$30.00 Bi-Weekly)

P/R Deduction (\$40.00 Bi-Weekly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) WAYNE DIX			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 20th Floor			<b>Transaction ID:</b> PR1018421112818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div> <div></div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Financial, Inc.		Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>285.00</div> </div>		
<b>B.</b> Full Name (Last, First, Middle Initial) CLARENCE WRIGHT			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 13th Floor			<b>Transaction ID:</b> PR1018421312818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div> <div></div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Financial, Inc.		Occupation VP - Marketing - Emerging Markets		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>330.00</div> </div>		
<b>C.</b> Full Name (Last, First, Middle Initial) PASQUALE TADDEI			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1290 Ave. of the Americas 11th Floor			<b>Transaction ID:</b> PR1018421812818	
City State Zip Code New York NY 10104			Amount of Each Receipt this Period <div> <div></div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer AXA Financial, Inc.		Occupation VP - Investment Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>285.00</div> </div>		
<b>P/R Deduction (\$30.00 Bi-Weekly)</b>				

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

**90.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
HENRY SWAN JR

Mailing Address 233 N. Michigan Avenue  
Suite 2450

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Advisors, LLC

Occupation  
District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1047215212818

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 12 Prospect Road

City State Zip Code  
Westport CT 06880

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial,

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1485101912818

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1745983612818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

210.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial

Occupation  
Director, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745984112818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 4251 Crums Mill Road

City State Zip Code  
Harrisburg PA 17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial

Occupation  
Senior Vice President, AXA Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745984512818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial

Occupation  
AVP, Operational Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745984612818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

130.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. ANTHONY SAGES

Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing federal political committee.

C

Name of Employer  
AXA FinancialOccupation  
President, Northeast Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: PR1745984712818

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B. JAMES BRYANT

Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing federal political committee.

C

Name of Employer  
AXA FinancialOccupation  
Vice President, Valuations and Projec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: PR1745998412818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. MARIANNE CHURGIN

Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing federal political committee.

C

Name of Employer  
AXA FinancialOccupation  
Group Director. IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: PR1745998712818

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

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

120.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 28 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JILL COOLEY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745998812818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAMELA DUFFY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745998912818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM GOODWIN

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Senior Vice President , Depty Chief In

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1745999112818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$105.00 Bi-Weekly)

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Senior Vice President, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR174599512818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1746001212818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 185 Asylum Street  
31st floor

City State Zip Code  
Hartford CT 06103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Distributors

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1746002512818

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD DZIADZIO

Mailing Address 1290 Avenue of the Americas  
16th floor

City State Zip Code  
New York City NY 10104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Executive Vice-President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1774717312818

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Bi-Weekly)

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

Mailing Address 100 Madison Street

City State Zip Code  
Syracuse NY 13202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AXA Financial

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1774726012818

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 10290 Alliance Road

City State Zip Code  
Cincinnati OH 45242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USFL

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1774727012818

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Bi-Weekly)

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

260.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

ROBERT SANSONE

Mailing Address 100 Madison Street  
8th fl

City State Zip Code  
Syracuse NY 13202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXA Financial

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1746094412818

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

80.00

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

3770.00

# **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)

PAGE 32 / 33

<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 Equitable PAC)

Full Name (Last, First, Middle Initial)

**A.** Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Tim Johnson

Office Sought:

☐ House

☒ Senate

☐ President

State: SD

District: 1

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 22938022

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** People With Hart Inc

Mailing Address P.O. Box 435

City  
Wexford

State  
PA

Zip Code  
15090

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Melissa Hart

Office Sought:

☒ House

☐ Senate

☐ President

State: PA

District: 4

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 23097983

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

3000.00



Image# 26990305233

Form/Schedule: **F3XA**

Transaction ID:

\*\*\*\*\*