



**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 Equitable PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		209649.22
(b) Cash on Hand at Beginning of Reporting Period.....	213606.07	
(c) Total Receipts (from Line 19) .....	7576.00	49532.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	221182.07	259182.07
7. Total Disbursements (from Line 31).....	5000.00	43000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	216182.07	216182.07
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

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4660.00	21472.19
(ii) Unitemized .....	2916.00	28060.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7576.00	49532.85
(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) .....	7576.00	49532.85
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))..... ▶	7576.00	49532.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7576.00	49532.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	5000.00	43000.00
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)) ..	5000.00	43000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	43000.00

**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) .....	7576.00	49532.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7576.00	49532.85
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

6/23/2013 Contribution note originally report, Dave Camp for Congress

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 24  
(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. PATRICIA MACISAAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 WASHINGTON BOULEVARD  
 City State Zip Code  
 JERSEY CITY NJ 07310-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Financial, Inc. SVP - IT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1018375130588**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. ALLEN ZABUSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 WASHINGTON BOULEVARD  
 City State Zip Code  
 JERSEY CITY NJ 07310-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Financial, Inc. SVP & CONTROLLER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1018383030588**  
 Amount of Each Receipt this Period  
 70.00  
 P/R Deduction (\$70.00 Bi-Weekly)

**C. LUIS GABRIEL CHIAPPY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9130 SOUTH DADELAND BLVD.  
 SUITE 1400  
 City State Zip Code  
 MIAMI FL 33156-7818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors, LLC District Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1018385330588**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 245.00  
**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 24
	<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 Equitable PAC)**

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

Mailing Address 9130 S. DADELAND BLVD  
SUITE 1400

City MIAMI State FL Zip Code 33156-7818

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 ▼  
480.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018388730588**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

**B. 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 SVP & DEP GEN COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018390830588**

Amount of Each Receipt this Period  
70.00

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

**C. WENDY COOPER**  
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 SVP & ASSOC. GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018390930588**

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

**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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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 Equitable PAC)**

Full Name (Last, First, Middle Initial) <b>A. EDNA RUSSO</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018391230588</b>
Mailing Address 333 Thornall Road 8th Floor		Amount of Each Receipt this Period 30.00
City Edison	State NJ	Zip Code 08837-2220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors	Occupation VP - RBG REGULATORY & TECHNICAL MGT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID KARR</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018399630588</b>
Mailing Address 40 MONUMOUNT ROAD		Amount of Each Receipt this Period 165.00
City BALA CYNWYD	State PA	Zip Code 19004-1737
FEC ID number of contributing federal political committee. C		P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation EVP --BM---Philadelphia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM DEGNAN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018402830588</b>
Mailing Address 1290 Acenue of the Americas		Amount of Each Receipt this Period 40.00
City New York	State NY	Zip Code 10104-0101
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Monthly)
Name of Employer AXA Financial, Inc.	Occupation SVP - AT RETIREMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<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 Equitable PAC)**

Full Name (Last, First, Middle Initial) <b>A. DAVID KAM</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018406230588</b>
Mailing Address 1290 Ave. of the Americas		Amount of Each Receipt this Period 70.00
City New York	State NY	Zip Code 10104-0101
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP & SENIOR ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. TED BEAL Sr</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018409030588</b>
Mailing Address 333 Thornall Street 8th		Amount of Each Receipt this Period 150.00
City Edison	State NJ	Zip Code 08837-2220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN PASSANANTI</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : PR1018411330588</b>
Mailing Address 1415 W 22nd Stree Suite 330		Amount of Each Receipt this Period 165.00
City Oak Brook	State IL	Zip Code 60523-2023
FEC ID number of contributing federal political committee. C		P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation EVP--Chicago Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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 Equitable PAC)**

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

Mailing Address 761 233RD STREET

City PASADENA State MD Zip Code 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 ▼ 300.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018411830588**

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 855 ROUTE 146

City CLIFTON PARK State NY Zip Code 12065-3890

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 ▼ 480.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018417730588**

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 12377 MERIT DRIVE SUITE 1500

City DALLAS State TX Zip Code 75251-2224

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 ▼ 600.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : PR1018418330588**

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

**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 24
<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 Equitable PAC)**

**A. ANTHONY SAGES**  
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 Advisors, LLC Occupation President, Northeast Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR1745984730588**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

**B. GEORGE PAPAZICOS**  
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 - TAX PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR1907711330588**

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 100 MADISON STREET

City SYRACUSE State NY Zip Code 13202-2723

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

Name of Employer AXA Financial, Inc. Occupation SVP - SERVICE DELIVERY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR1907711530588**

Amount of Each Receipt this Period **70.00**

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

**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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
<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 Equitable PAC)**

**A. WINDY LAWRENCE**  
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 VP & COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1914008730588**

Amount of Each Receipt this Period 40.00

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

**B. ROBERT BJORNSTI**  
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 VP - LAW

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1914009330588**

Amount of Each Receipt this Period 40.00

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

**C. KEVIN MOLLOY**  
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 - DISTRIBUTION FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 271.66

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1916440730588**

Amount of Each Receipt this Period 70.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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 Equitable PAC)**

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

Mailing Address 6 Ayer Court

City West Chester State PA Zip Code 19382-6793

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

Name of Employer AXA Distributors, LLC Occupation SVP--NATIONAL SALES MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1919303930588**

Amount of Each Receipt this Period 70.00

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

**B. 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 ▼ 990.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1926422830588**

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**C. 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 ▼ 990.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1926905230588**

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 15 OF 24
	<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 Equitable PAC)**

**A. NELIDA GARCIA**  
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 - CORPORATE SOURCING & PROCURE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1928263830588**

Amount of Each Receipt this Period 40.00

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

**B. ROBERT WRIGHT JR.**  
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 Advisors, LLC Occupation EVP - WEALTH MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1928264530588**

Amount of Each Receipt this Period 150.00

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

**C. KEVIN RODIN**  
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 SVP---NY Metro Branch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR1930937430588**

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

**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 16 OF 24
	<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 Equitable PAC)**

**A. MICHAEL LUCEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Essjay Street  
 Suite 308  
 City State Zip Code  
 Williamsville NY 14221-8243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors VP---Buffalo Branch  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1930937530588**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$50.00 Monthly)

**B. JOSEPH DI MORA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Madison Street  
 City State Zip Code  
 Syracuse NY 13202-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors EVP---Syracuse Branch  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR1937997230588**  
 Amount of Each Receipt this Period  
 165.00  
 P/R Deduction (\$165.00 Monthly)

**C. NICK LANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City State Zip Code  
 New York NY 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Financial, Inc. SVP - AXA ADVISORS BUSINESS PLATFORM  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : PR2148756030588**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$200.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 415.00  
**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 17 OF 24
	<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 Equitable PAC)**

Full Name (Last, First, Middle Initial) <b>A. GEORGETTE GELLER</b>		Date of Receipt
Mailing Address 1266 East Main Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stamford	CT	06902-3529
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2164789930588</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
AXA Advisors	EVP--Branch Mgr--Conn	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$80.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="560.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROPER BRENT</b>		Date of Receipt
Mailing Address 5005 LBJ Freeway Suite 900		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75244-6100
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2164790030588</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AXA Advisors, LLC	Executive Director--Advantage Group	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY MAGUIRE</b>		Date of Receipt
Mailing Address 40 Monument road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bala Cynwyd	PA	19004-1737
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2170755630588</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
AXA Advisors	EVP---Northeast Division	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$80.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="260.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 18 OF 24
	<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 Equitable PAC)**

**A. MICHEL PERRIN**  
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 & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2176757630588**

Amount of Each Receipt this Period **70.00**

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

**B. PETER GOLDEN**  
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 Distributors, LLC Occupation Divisional VP - ADL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2145.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2176757730588**

Amount of Each Receipt this Period **330.00**

P/R Deduction (\$330.00 Bi-Weekly)

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

Mailing Address 325 Essjay Road  
Suite 308

City Williamsville State NY Zip Code 14221-8243

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

Name of Employer AXA Advisors Occupation AVP----DM Buffalo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2176757930588**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 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: PAGE 19 OF 24  
(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. BARBARA PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Powder Forest Drive  
 City State Zip Code  
 Simsbury CT 06070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Partners VP - AXA PARTNERS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR2187649130588**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. JEFFREY COOMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 AVENUE OF THE AMERICAS  
 City State Zip Code  
 NEW YORK NY 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Distributors, INC. VP - WEB CONTENT STRATEGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR2245275330588**  
 Amount of Each Receipt this Period  
 35.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. DILLAN MICUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14851 N. Scottsdale Rd  
 Suite 103  
 City State Zip Code  
 Scottsdale AZ 85254-2790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors, LLC EVP--Scottsdale AZ  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 990.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : PR2247853630588**  
 Amount of Each Receipt this Period  
 165.00  
 P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00  
**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 20 OF 24
	<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 Equitable PAC)**

**A. RICHARD FRASER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 MADISON ST  
City SYRACUSE State NY Zip Code 13202-2723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation IO - IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2258541530588**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B. PETER ROSCHKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 525 WASHINGTON BOULEVARD  
City JERSEY CITY State NJ Zip Code 07310-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation SOLUTIONS DELIVERY DIRECTOR-IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2258558230588**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C. MICHAEL PETERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 ESSJAY ROAD SUITE 308  
City WILLIAMSVILLE State NY Zip Code 14221-8243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Advisors, LLC Occupation VP - BUFFALO NY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2260148630588**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<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 Equitable PAC)**

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

Mailing Address 80 SCOTT SWAMP ROAD

City FARMINGTON State CT Zip Code 06032-2847

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

Name of Employer AXA Distributors, LLC Occupation RVP - ADL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 06 / 30 / 2013  
Transaction ID : PR2263126130588

Amount of Each Receipt this Period 330.00

P/R Deduction (\$330.00 Bi-Weekly)

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

Mailing Address 10840 BALLANTYNE COMMONS PARKWAY

City CHARLOTTE State NC Zip Code 28277-2492

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

Name of Employer AXA Financial, Inc. Occupation SVP - CHIEF UNDERWRITING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2013  
Transaction ID : PR2369237030588

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation VP - CONTROLLERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
Transaction ID : PR2379750030588

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.00

**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 22 OF 24
	<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 Equitable PAC)**

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

Mailing Address 525 WASHINGTON BLVD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation SVP - IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2414087230588**

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 120 MADISON ST

City SYRACUSE State NY Zip Code 13202-2821

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

Name of Employer AXA Financial, Inc. Occupation SVP - ACCOUNTING SERVICES AND OPER/

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2441784130588**

Amount of Each Receipt this Period **70.00**

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

**C. ROBIN RAJU**  
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 AVP - FUNDS MANAGEMENT GROUP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2013**

**Transaction ID : PR2463744430588**

Amount of Each Receipt this Period **40.00**

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

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24
	<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 Equitable PAC)**

**A. TODD SOLASH**  
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 - RETIREMENT SAVINGS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2491845830588**

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 176 RIVERMIST DRIVE

City Fulton State NY Zip Code 13069-4955

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

Name of Employer AXA Financial Occupation Vice President - Account Executive N.A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2560295530588**

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : PR2563949430588**

Amount of Each Receipt this Period 200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4660.00

**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

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)**

Full Name (Last, First, Middle Initial)

**A. DAVE CAMP FOR CONGRESS**

Mailing Address P.O. BOX 423

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name  
**Dave Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2013

**Transaction ID : 36506558**

Amount of Each Disbursement this Period

5000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

5000.00