

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 lines
AXA 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** 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 11 01 2005 through 11 30 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
 AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		114003.74
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	57410.98									
(c) Total Receipts (from Line 19)	4477.38	63891.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61888.36	177895.62								
7. Total Disbursements (from Line 31)	2000.00	118007.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59888.36	59888.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	1

D	D
3	0

Y	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	3860.00	37660.17
(i) Itemized (use Schedule A)	617.38	26231.71
(ii) Unitemized	4477.38	63891.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	4477.38	63891.88
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))	4477.38	63891.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4477.38	63891.88

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)		
(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.....	2000.00	115000.00
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))..	2000.00	118007.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	118007.26

DETAILED SUMMARY PAGE
of Disbursements

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)	4477.38	63891.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4477.38	63891.88
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: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

A. Full Name (Last, First, Middle Initial) KEVIN HANLEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018365412951	
Mailing Address TRI PARKWAY PLAZA 230 HALF MILE RD.		Amount of Each Receipt this Period 25.00	
City RED BANK State NJ Zip Code 07701	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Aggregate Year-to-Date 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) THOMAS RUGGIERO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018366412951	
Mailing Address 45 WILLIAM STREET SUITE 110		Amount of Each Receipt this Period 80.00	
City WELLESLEY State MA Zip Code 02181	FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation Branch Manager	Aggregate Year-to-Date 880.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) KEVIN CLAIR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018369312951	
Mailing Address 1290 Ave. of the Americas 22nd Floor		Amount of Each Receipt this Period 20.00	
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation Systems Consultant	Aggregate Year-to-Date 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 7 / 34
	<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) A. ALVIN FENICHEL		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 11th Floor		Transaction ID: PR1018371112951
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer AXA Financial, Inc.	Occupation SVP & CONTROLLER	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. ELIZABETH HALLAM		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6435 Shiloh Rd. Suite A		Transaction ID: PR1018372212951
City State Zip Code Alpharetta GA 30005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer AXA Financial, Inc.	Occupation AVP, Advisors Support Group - hdqtrs.	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. EDWARD HAYES		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 200 PLAZA DRIVE		Transaction ID: PR1018372512951
City State Zip Code SECAUCUS NJ 07006	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial, Inc.	Occupation SENIOR VICE PRESIDENT - Annuity Center	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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 8 / 34
<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) A. ALFRED KUMP		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y			
Mailing Address 787 7TH AVENUE 5th Floor		Transaction ID: PR1018374512951										
City State Zip Code New York NY 10019		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>30.00</td> </tr> </table>									30.00	
								30.00				
FEC ID number of contributing federal political committee. C												
Name of Employer AXA Financial, Inc.	Occupation VP - Payroll Services Department											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>315.00</td> </tr> </table>									315.00	P/R Deduction (\$30.00 Bi-Weekly)	
								315.00				

Full Name (Last, First, Middle Initial) B. THOMAS LONG		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y			
Mailing Address 1290 Ave. of the Americas 4th Floor		Transaction ID: PR1018375012951										
City State Zip Code New York NY 10104		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>30.00</td> </tr> </table>									30.00	
								30.00				
FEC ID number of contributing federal political committee. C												
Name of Employer AXA Financial, Inc.	Occupation VP - Internal Audit Department											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>360.00</td> </tr> </table>									360.00	P/R Deduction (\$30.00 Bi-Weekly)	
								360.00				

Full Name (Last, First, Middle Initial) C. PATRICIA MACISAAC		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y			
Mailing Address 200 PLAZA DRIVE 2		Transaction ID: PR1018375112951										
City State Zip Code SECAUCUS NJ 07094		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>30.00</td> </tr> </table>									30.00	
								30.00				
FEC ID number of contributing federal political committee. C												
Name of Employer AXA Financial, Inc.	Occupation VP - Technical Support											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>360.00</td> </tr> </table>									360.00	P/R Deduction (\$30.00 Bi-Weekly)	
								360.00				

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>90.00</td></tr></table>	90.00
90.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 9 / 34
	<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) A. JANE MAHONEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 7th Floor		Transaction ID: PR1018375212951
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer AXA Financial, Inc.	Occupation SVP - Admin & Special Projects	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. JOHN MIRANDA		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 18th Floor		Transaction ID: PR1018376512951
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial, Inc.	Occupation Technological Architecture	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. LORETTA RONCZKA		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 787 Seventh Ave. 5th Floor		Transaction ID: PR1018378712951
City State Zip Code New York NY 10019	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer AXA Financial, Inc.	Occupation VP - Field Force Systems	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 / 34
	<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. Full Name (Last, First, Middle Initial) GEORGE SEAL III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018379512951
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 20.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 240.00	

B. Full Name (Last, First, Middle Initial) RICHARD SILVER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380212951
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 150.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Bi-Weekly)
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 ▼ 1575.00	

C. Full Name (Last, First, Middle Initial) RICHARD STUMPF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380712951
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 315.00	

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: (check only one)	PAGE 11 / 34
	<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. Full Name (Last, First, Middle Initial) GREGORY WINSPIER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382512951
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 20.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Relationship Marketing Headquarter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) DAVID WOLLIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382712951
Mailing Address 1290 Ave. of the Americas 17th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 360.00	

C. Full Name (Last, First, Middle Initial) MARK WUTT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382812951
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
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 ▼ 840.00	

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 12 / 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

A. Full Name (Last, First, Middle Initial) THOMAS DUDDY JR. Mailing Address 6133 N. RIVER ROAD SUITE 1120 City ROSEMONT State IL Zip Code 60018 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018384212951 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Monthly)
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 ▼ 825.00	

B. Full Name (Last, First, Middle Initial) PATRICK MORRIS Mailing Address 100 WALNUT AVENUE 5TH FLOOR City CLARK State NJ Zip Code 07066 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018384512951 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Monthly)
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 ▼ 220.00	

C. Full Name (Last, First, Middle Initial) LUIS GABRIEL CHIAPPY Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1400 City MIAMI State FL Zip Code 33156 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018385312951 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
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 ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	195.00
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 13 / 34
<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. Full Name (Last, First, Middle Initial) HUGO CASTRO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018388712951	
Mailing Address 9130 S. DADELAND BLVD SUITE 1400		Amount of Each Receipt this Period 80.00	
City MIAMI State FL Zip Code 33156	FEC ID number of contributing federal political committee. C		
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 ▼ 880.00		
		P/R Deduction (\$80.00 Monthly)	

B. Full Name (Last, First, Middle Initial) STANLEY TULIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018389612951	
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 200.00	
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial, Inc. Occupation Vice Chairman and Chief Financial Offi	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00		
		P/R Deduction (\$200.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) DAVE HATTEM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390812951	
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00	
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C		
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 ▼ 360.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	310.00
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 14 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

Full Name (Last, First, Middle Initial) A. WENDY COOPER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Ave. of the Americas 12th Floor		Transaction ID: PR1018390912951	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 735.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. EDNA RUSSO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 333 Thornall Road 8th Floor		Transaction ID: PR1018391212951	
City Metuchen	State NJ	Zip Code 07094	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 360.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. KEVIN BYRNE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Ave. of the Americas 12th Floor		Transaction ID: PR1018394412951	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 360.00		
		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: (check only one)	PAGE 15 / 34
	<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. Full Name (Last, First, Middle Initial) DAVID KARR Mailing Address 40 MONUMOUNT ROAD City State Zip Code BALA CYNWYD PA 19004 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018399612951 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Occupation AXA Advisors, LLC Branch Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		

B. Full Name (Last, First, Middle Initial) ANDREW BEIERWALTES Mailing Address 233 N. MICHIGAN AVENUE #2450 City State Zip Code CHICAGO IL 60601 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018400312951 Amount of Each Receipt this Period 25.00 P/R Deduction (\$25.00 Monthly)
Name of Employer Occupation AXA Advisors, LLC DISTRICT MANAGER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00		

C. 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018402812951 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Occupation AXA Advisors, LLC Branch Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 440.00		

SUBTOTAL of Receipts This Page (optional)	115.00
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 16 / 34
	<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) A. STEPHEN BURNTHALL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018403412951
Mailing Address 6455 SHILOH RD. STE. D		Amount of Each Receipt this Period 40.00
City State Zip Code ALPHARETTA GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Occupation AXA Financial, Inc. SENIOR VICE PRESIDENT	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00	

Full Name (Last, First, Middle Initial) B. DEBRA AYRES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018405812951
Mailing Address 1290 Ave. of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation AXA Financial, Inc. VICE PRESIDENT & ACTUARY	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 315.00	

Full Name (Last, First, Middle Initial) C. DAVID KAM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018406212951
Mailing Address 1290 Ave. of the Americas 14th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation AXA Financial, Inc. SENIOR VICE PRESIDENT & SENIOR ACTUARY	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 310.00	

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: (check only one)	PAGE 17 / 34
	<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. Full Name (Last, First, Middle Initial) PAUL BOUCHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018406412951
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 20.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) RALPH VORACEK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408012951
Mailing Address 1001 LAKESIDE AVENUE SUITE 950		Amount of Each Receipt this Period 30.00
City State Zip Code CLEVELAND OH 44114	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation Divisional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C. Full Name (Last, First, Middle Initial) ANNE KATCHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408212951
Mailing Address 1290 6TH AVENUE 14TH FLOOR		Amount of Each Receipt this Period 50.00
City State Zip Code NEW YORK NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer EQUITABLE	Occupation SVP & SR. ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 18 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

A. Full Name (Last, First, Middle Initial) KENNETH POULTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408712951
Mailing Address 6100 FAIRVIEW SUITE 200		Amount of Each Receipt this Period 30.00
City CHARLOTTE State NC Zip Code 28210	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation Branch Manager	Aggregate Year-to-Date 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) FRANK SICIGNANO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408912951
Mailing Address 1290 Ave. of the Americas 21st Floor		Amount of Each Receipt this Period 30.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation MANAGING DIRECTOR - Misc. Life/ Annuit	Aggregate Year-to-Date 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) GEORGE DIAMANTIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018409312951
Mailing Address 1850 N. CENTRAL AVENUE #640		Amount of Each Receipt this Period 25.00
City PHOENIX State AZ Zip Code 85004	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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: (check only one)	PAGE 19 / 34
	<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. Full Name (Last, First, Middle Initial) LESTER LOVIER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018409712951
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Life Marketing Hdqtrs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B. Full Name (Last, First, Middle Initial) JOHN PASSANANTI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018411312951
Mailing Address Five Revere Drive, Suite 400		Amount of Each Receipt this Period 80.00
City State Zip Code Northbrook IL 60062	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
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 ▼ 880.00	

C. Full Name (Last, First, Middle Initial) RONALD THOMAS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018411812951
Mailing Address 761 233RD STREET		Amount of Each Receipt this Period 50.00
City State Zip Code PASADENA MD 21122	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
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 ▼ 550.00	

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: (check only one)	PAGE 20 / 34
	<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"/>	<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. THOMAS LAMANNA Full Name (Last, First, Middle Initial) 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412012951 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation AVP & ACTUARY - R&D/Special Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. GREGORY GOLDSTEIN Full Name (Last, First, Middle Initial) 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412712951 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation VICE PRESIDENT - Reporting & Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C. MARY BETH FARRELL Full Name (Last, First, Middle Initial) 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018413612951 Amount of Each Receipt this Period 150.00 P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation EVP - Expense Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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: (check only one)	PAGE 21 / 34
	<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. Full Name (Last, First, Middle Initial) DIMAS NUNEZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018414912951
Mailing Address 6435 Shiloh Rd. SUITE A		Amount of Each Receipt this Period 30.00
City ALPHARETTA State GA Zip Code 30005	FEC ID number of contributing federal political committee. C	
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 ▼ 360.00	
		P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) ANTHONY BRUCCOLERI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416212951
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 40.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	
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 ▼ 480.00	
		P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MARVIN RAFF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416412951
Mailing Address 1290 Ave. of the Americas 18th Floor		Amount of Each Receipt this Period 30.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	
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 ▼ 315.00	
		P/R Deduction (\$30.00 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: (check only one)	PAGE 22 / 34
	<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. Full Name (Last, First, Middle Initial) HENRY LANDA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417412951	
Mailing Address 9130 S. Dadeland Blvd. #1400		Amount of Each Receipt this Period 30.00	
City Miami State FL Zip Code 33156	FEC ID number of contributing federal political committee. C		
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 ▼ 330.00		
		P/R Deduction (\$30.00 Monthly)	

B. Full Name (Last, First, Middle Initial) ROBERT WOODCOCK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417712951	
Mailing Address 855 ROUTE 146		Amount of Each Receipt this Period 30.00	
City CLIFTON PARK State NY Zip Code 12065	FEC ID number of contributing federal political committee. C		
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 ▼ 330.00		
		P/R Deduction (\$30.00 Monthly)	

C. Full Name (Last, First, Middle Initial) SEDRIC AUDAS II		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418012951	
Mailing Address 2378 WOODLAKE DRIVE STE. 200		Amount of Each Receipt this Period 100.00	
City OKEMOS State MI Zip Code 48864	FEC ID number of contributing federal political committee. C		
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 ▼ 1100.00		
		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	FOR LINE NUMBER: (check only one)	PAGE 23 / 34
	<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. Full Name (Last, First, Middle Initial) CHRISTOPHER NOONAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418312951
Mailing Address 12377 MERIT DRIVE SUITE 1500		Amount of Each Receipt this Period 50.00
City DALLAS State TX Zip Code 75251	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Aggregate Year-to-Date 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) PAUL HARINSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420312951
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SVP - Treasurer, Corporate Finance	Aggregate Year-to-Date 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) THOMAS SHADE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420612951
Mailing Address 1290 Ave. of the Americas 7th Floor		Amount of Each Receipt this Period 20.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SVP - Annuity MPDA	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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: (check only one)	PAGE 24 / 34
	<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. Full Name (Last, First, Middle Initial) STACY BRAUN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420712951
Mailing Address 1290 Ave. of the Americas 7th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation VICE PRESIDENT	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) MARGARET LOVE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420812951
Mailing Address 6455 SHILOH ROAD SUITE D		Amount of Each Receipt this Period 30.00
City State Zip Code ALPHARETTA GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation AVP - Training/Continuous Learning	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) GLENN ONOS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420912951
Mailing Address 1290 Ave. of the Americas 20th Floor		Amount of Each Receipt this Period 40.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation DIRECTOR - CRM / Siebel Applications	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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: (check only one)	PAGE 25 / 34
	<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. Full Name (Last, First, Middle Initial) WAYNE DIX		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421112951
Mailing Address 1290 Ave. of the Americas 20th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 315.00	

B. Full Name (Last, First, Middle Initial) CLARENCE WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421312951
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 360.00	

C. Full Name (Last, First, Middle Initial) PASQUALE TADDEI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421812951
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 315.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	90.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

A. Full Name (Last, First, Middle Initial) HENRY SWAN JR Mailing Address 233 N. Michigan Avenue Suite 2450 City Chicago State IL Zip Code 60601 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1047215212951 Amount of Each Receipt this Period 80.00
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 ▼ 880.00	P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial) EDWARD DANE Mailing Address 12 Prospect Road City Westport State CT Zip Code 06880 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1485101912951 Amount of Each Receipt this Period 100.00
Name of Employer AXA Financial, Occupation SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) PETER CRAWFORD Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745983612951 Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	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	FOR LINE NUMBER: (check only one)	PAGE 27 / 34
	<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) A. TIMOTHY FEELEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745984112951
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial	Occupation Director, IT	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. JEFFREY GREEN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4251 Crums Mill Road		Transaction ID: PR1745984512951
City State Zip Code Harrisburg PA 17112	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer AXA Financial	Occupation Senior Vice President, AXA Network	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

Full Name (Last, First, Middle Initial) C. ROY POST		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745984612951
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial	Occupation AVP, Operational Risk Management	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: (check only one)	PAGE 28 / 34
	<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. 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745984712951 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Financial Occupation President, Northeast Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998412951 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Vice President, Valuations and Projec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998712951 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Group Director. IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		

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 29 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998812951 Amount of Each Receipt this Period 70.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998912951 Amount of Each Receipt this Period 70.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Senior Vice President , Deputy Chief In Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00		

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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745999112951 Amount of Each Receipt this Period 70.00 P/R Deduction (\$105.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Senior Vice President , Deputy Chief In Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		

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: (check only one)	PAGE 30 / 34
	<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. Full Name (Last, First, Middle Initial) MICHAEL SLIPOWITZ		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745999512951
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Senior Vice President, Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) THOMAS TARBUTTON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1746001212951
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$30.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) WILLIAM TERRY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 185 Asylum Street 31st floor		Transaction ID: PR1746002512951
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Distributors	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	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: (check only one)	PAGE 31 / 34
	<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) A. ROBERT GOLDENBERG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1747006912951
Mailing Address 1290 Avenue of the Americas 7th fl City State Zip Code New York NY 10104		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Axa Financial	Occupation Vice President---Annuity MPD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. RICHARD DZIADZIO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774717312951
Mailing Address 1290 Avenue of the Americas 16th floor City State Zip Code New York City NY 10104		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Executive Vice-President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. DARLENE CACCIOLA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774726012951
Mailing Address 100 Madison Street City State Zip Code Syracuse NY 13202		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

A. 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 Occupation
USFL President and CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1774727012951

Amount of Each Receipt this Period
70.00

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

B. 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 Occupation
AXA Financial Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1746094412951

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	3860.00

**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
Category/
Type

Candidate Name
Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 4

Transaction ID: 23143765

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WI District: 1

Transaction ID: 23143764

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

Image# 26990305272

Form/Schedule: **F3XA**

Transaction ID:
