

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** CITY STATE ZIPCODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on _____ in the State of _____

5. Covering Period 1 1 2 8 2 0 0 6 through 1 2 3 1 2 0 0 6

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 0 1 1 6 2 0 0 7

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

Office Use Only							
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**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
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		64361.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	75538.62									
(c) Total Receipts (from Line 19)	21762.46	126971.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97301.08	191333.05								
7. Total Disbursements (from Line 31)	0.00	94031.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97301.08	97301.08								
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
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	19663.68	93403.00
(i) Itemized (use Schedule A)	2098.78	33568.31
(ii) Unitemized	21762.46	126971.31
(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)	21762.46	126971.31
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))	21762.46	126971.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21762.46	126971.31

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.....	0.00	94000.00
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	31.97
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))..	0.00	94031.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	94031.97

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)	21762.46	126971.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21762.46	126971.31
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 / 54
<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. Nicholas Lane		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1290 Avenue of the Americas		Transaction ID: 25126301	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 390.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AXA Financial	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. Pauline Morris		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1290 Avenue of the Americas		Transaction ID: 25126302	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 390.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AXA Financial	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) C. KEVIN HANLEY		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 2399 Highway 34 Suite C 2		Transaction ID: PR1018365416150	
City State Zip Code Manasquan NJ 08736	Amount of Each Receipt this Period 50.00		
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 ▼ 300.00		
		P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	830.00
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 / 54
	<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. THOMAS RUGGIERO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 45 WILLIAM STREET SUITE 110		Transaction ID: PR1018366416150
City WELLESLEY	State MA	Zip Code 02481
Amount of Each Receipt this Period _____ 160.00		
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 ▼ _____ 960.00	
		P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial) B. KEVIN CLAIR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Ave. of the Americas 22nd Floor		Transaction ID: PR1018369316150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial, Inc.	Occupation Systems Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. 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: PR1018371116150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 140.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial, Inc.	Occupation SVP & CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 910.00	
		P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	340.00
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 / 54
	<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. ELIZABETH HALLAM Full Name (Last, First, Middle Initial) Mailing Address 6435 Shiloh Rd. Suite A City State Zip Code Alpharetta GA 30005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018372216150 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation AVP, Advisors Support Group - hdqtrs. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. EDWARD HAYES Full Name (Last, First, Middle Initial) Mailing Address 200 PLAZA DRIVE City State Zip Code SECAUCUS NJ 07006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018372516150 Amount of Each Receipt this Period 75.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SENIOR VICE PRESIDENT - Annuity Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

C. ALFRED KUMP Full Name (Last, First, Middle Initial) Mailing Address 787 7TH AVENUE 5th Floor City State Zip Code New York NY 10019 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018374516150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<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. EDWARD MARRON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018375516150
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 60.00
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 & Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. LORETTA RONCZKA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018378716150
Mailing Address 787 Seventh Ave. 5th Floor		Amount of Each Receipt this Period 60.00
City State Zip Code New York NY 10019	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Field Force Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) C. GEORGE SEAL III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018379516150
Mailing Address 1290 Ave. of the Americas 12th 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 (\$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 ▼ 260.00	

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 11 / 54
	<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. RICHARD SILVER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380216150
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 300.00
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 ▼ 1950.00	

Full Name (Last, First, Middle Initial) B. RICHARD STUMPF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380716150
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 60.00
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) C. GREGORY WINSPEER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382516150
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 10.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 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 ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	370.00
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 / 54
	<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. DAVID WOLLIN Full Name (Last, First, Middle Initial) Mailing Address 1290 Ave. of the Americas 17th Floor City State Zip Code New York NY 10104		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382716150 Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C	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 ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)

B. MARK WUTT Full Name (Last, First, Middle Initial) Mailing Address 1290 Ave. of the Americas 13th Floor City State Zip Code New York NY 10104		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382816150 Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C	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 ▼ 910.00	P/R Deduction (\$70.00 Bi-Weekly)

C. THOMAS DUDDY JR. Full Name (Last, First, Middle Initial) Mailing Address 4 Gateway Center City State Zip Code Pittsburg PA 15222		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018384216150 Amount of Each Receipt this Period 178.18
FEC ID number of contributing federal political committee. C	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 ▼ 900.00	P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	378.18
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 / 54
	<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. PATRICK MORRIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 100 WALNUT AVENUE 5TH FLOOR		Transaction ID: PR1018384516150
City CLARK	State NJ	Zip Code 07066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 40.00
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 ▼ _____ 240.00	
P/R Deduction (\$20.00 Monthly)		

Full Name (Last, First, Middle Initial) B. LUIS GABRIEL CHIAPPY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1400		Transaction ID: PR1018385316150
City MIAMI	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 200.00
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 ▼ _____ 1200.00	
P/R Deduction (\$100.00 Monthly)		

Full Name (Last, First, Middle Initial) C. HUGO CASTRO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9130 S. DADELAND BLVD SUITE 1400		Transaction ID: PR1018388716150
City MIAMI	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 160.00
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 ▼ _____ 960.00	
P/R Deduction (\$80.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<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	

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. STANLEY TULIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018389616150
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 768.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$384.00 Bi-Weekly)
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 ▼ 4808.00	

Full Name (Last, First, Middle Initial) B. DAVE HATTEM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390816150
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 140.00
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 & Deputy GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. WENDY COOPER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390916150
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 140.00
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 & ASSOC. GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional) ▶	1048.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 54
	(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

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. MICHAEL H. SWITZER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018396816150
Mailing Address 1290 Ave. of The Americas 12th 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 (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP & Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. DAVID KARR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018399616150
Mailing Address 40 MONUMOUNT ROAD		Amount of Each Receipt this Period 330.00
City State Zip Code BALA CYNWYD PA 19004	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 ▼ 1405.00	

Full Name (Last, First, Middle Initial) C. ANDREW BEIERWALTES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018400316150
Mailing Address 233 N. MICHIGAN AVENUE #2450		Amount of Each Receipt this Period 50.00
City State Zip Code CHICAGO IL 60601	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	420.00
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 / 54
	<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	

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. WILLIAM DEGNAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Acenue of the Americas		Transaction ID: PR1018402816150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 140.00		Amount of Each Receipt this Period _____ 140.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors, LLC	Occupation SVP---At Retirement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	

Full Name (Last, First, Middle Initial) B. STEPHEN BURNTHALL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6455 SHILOH RD. STE. D		Transaction ID: PR1018403416150
City ALPHARETTA	State GA	Zip Code 30005
Amount of Each Receipt this Period _____ 80.00		Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.		Occupation SENIOR VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 540.00	

Full Name (Last, First, Middle Initial) C. DEBRA AYRES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Ave. of the Americas		Transaction ID: PR1018405816150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 60.00		Amount of Each Receipt this Period _____ 60.00
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 & ACTUARY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 390.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 280.00
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 18 / 54
	<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	

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. DAVID KAM 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: PR1018406216150 Amount of Each Receipt this Period 140.00 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 ▼ 750.00		

B. PAUL BOUCHER Full Name (Last, First, Middle Initial) Mailing Address 1290 Ave. of the Americas 12th Floor City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018406416150 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

C. JANET FRIEDMAN Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of The Americas 12th 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: PR1018406516150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer EQUITABLE Occupation Vice President/ Customer Relations--La Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 54
	<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	

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) RALPH VORACEK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408016150
Mailing Address 1001 LAKESIDE AVENUE SUITE 1650		Amount of Each Receipt this Period 60.00
City CLEVELAND State OH Zip Code 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	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) ANNE KATCHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408216150
Mailing Address 1290 Avenue of the Americas 14TH FLOOR		Amount of Each Receipt this Period 140.00
City NEW YORK State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer EQUITABLE Occupation SVP & SR. ACTUARY	Aggregate Year-to-Date 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) KENNETH POULTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408716150
Mailing Address 6100 FAIRVIEW SUITE 200		Amount of Each Receipt this Period 60.00
City CHARLOTTE State NC Zip Code 28277	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 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 54
	<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. GEORGE DIAMANTIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3348 Peachtree Rd Suite 860		Transaction ID: PR1018409316150
City Atlanta	State GA	Zip Code 30326
Amount of Each Receipt this Period _____ 162.50		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Advisors, LLC	Occupation President--Advantage Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 806.25	
		P/R Deduction (\$81.25 Monthly)

Full Name (Last, First, Middle Initial) B. LESTER LOVIER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Ave. of the Americas 13th Floor		Transaction ID: PR1018409716150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial, Inc.	Occupation VP - Life Marketing Hdqtrts.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 390.00	
		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN PASSANANTI		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1415 W 22nd Stree Suite 330		Transaction ID: PR1018411316150
City Oakbrook	State IL	Zip Code 60523
Amount of Each Receipt this Period _____ 330.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Advisors, LLC	Occupation EVP--CHO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1640.00	
		P/R Deduction (\$165.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	552.50
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 / 54
	<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) RONALD THOMAS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018411816150
Mailing Address 761 233RD STREET		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	
		P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial) THOMAS LAMANNA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412016150
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 60.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. C	
Name of Employer AXA Financial, Inc. Occupation 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 ▼ 390.00	
		P/R Deduction (\$30.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) GREGORY GOLDSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412716150
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 60.00
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 PRESIDENT - Reporting & Analysis	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	
		P/R Deduction (\$30.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 54
	<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	

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. 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: PR1018413616150 Amount of Each Receipt this Period 300.00 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 ▼ 1950.00	

B. DIMAS NUNEZ Full Name (Last, First, Middle Initial) Mailing Address 6435 Shiloh Rd. SUITE A City State Zip Code ALPHARETTA GA 30005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018414916150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
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 ▼ 390.00	

C. CHRISTOPHER CONDRON 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: PR1018415616150 Amount of Each Receipt this Period 768.00 P/R Deduction (\$384.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation Chairman and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4608.00	

SUBTOTAL of Receipts This Page (optional)	1128.00
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 / 54
	<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) ANTHONY BRUCCOLERI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416216150
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 80.00
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 SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B. Full Name (Last, First, Middle Initial) MARVIN RAFE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416416150
Mailing Address 1290 Ave. of the Americas 18th Floor		Amount of Each Receipt this Period 60.00
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 - Technical Architec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C. Full Name (Last, First, Middle Initial) HENRY LANDA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417416150
Mailing Address 9130 S. Dadeland Blvd. #1400		Amount of Each Receipt this Period 60.00
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Mon-thly)
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 ▼ 360.00	

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 24 / 54
	<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) ROBERT WOODCOCK Mailing Address 855 ROUTE 146 City State Zip Code CLIFTON PARK NY 12065 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417716150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 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 ▼ 360.00		

B. Full Name (Last, First, Middle Initial) SEDRIC AUDAS II Mailing Address 2378 WOODLAKE DRIVE STE. 200 City State Zip Code OKEMOS MI 48098 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418016150 Amount of Each Receipt this Period 200.00 P/R Deduction (\$100.00 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 ▼ 1200.00		

C. Full Name (Last, First, Middle Initial) CHRISTOPHER NOONAN Mailing Address 12377 MERIT DRIVE SUITE 1500 City State Zip Code DALLAS TX 75251 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418316150 Amount of Each Receipt this Period 200.00 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 ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)	460.00
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 / 54
	<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	

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. PAUL HARINSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420316150
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 60.00
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 SVP - Treasurer, Corporate Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. THOMAS SHADE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420616150
Mailing Address 1290 Ave. of the Americas 7th 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 (\$20.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP - Annuity MPDA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. STACY BRAUN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420716150
Mailing Address 1290 Ave. of the Americas 7th Floor		Amount of Each Receipt this Period 60.00
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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 27 / 54
	<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. CURTIS SYLVESTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421216150
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 32.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation AVP & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) B. CLARENCE WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421316150
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 140.00
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 - Marketing - Emerging Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. PASQUALE TADDEI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421816150
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 60.00
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 ▼ 390.00	

SUBTOTAL of Receipts This Page (optional) ▶	232.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 54
	(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		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 233 N. Michigan Avenue Suite 2450		Transaction ID: PR1047215216150	
City Chicago	State IL	Zip Code 60062	Amount of Each Receipt this Period 160.00
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 ▼ 960.00		
		P/R Deduction (\$80.00 Monthly)	

B. Full Name (Last, First, Middle Initial) EDWARD DANE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1485101916150	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
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 ▼ 1300.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) PETER CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745983616150	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
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 ▼ 390.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	420.00
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 29 / 54
	<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)
HARRY DOYLE

Mailing Address 1290 Avenue of the Americas

City State Zip Code
New York NY 10104

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

Name of Employer AXA Financial Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: PR1745983816150

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code
New York NY 10104

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

Name of Employer AXA Financial Occupation
Director, IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: PR1745984116150

Amount of Each Receipt this Period
60.00

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

C. Full Name (Last, First, Middle Initial)
NICHOLAS GISMONDI

Mailing Address 1290 Avenue of the Americas

City State Zip Code
New York NY 10104

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

Name of Employer AXA Financial Occupation
Vice President, Controllers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: PR1745984216150

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 54
	<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. JEFFREY GREEN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4251 Crums Mill Road		Transaction ID: PR1745984516150
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
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 ▼ 910.00	

Full Name (Last, First, Middle Initial) B. ROY POST		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745984616150
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) C. ANTHONY SAGES		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745984716150
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer AXA Financial	Occupation President, Northeast Division	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 54
	<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. GERALD CARROLL, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 100 Madison Street		Transaction ID: PR1745998616150	
City Syracuse	State NY	Zip Code 13202	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AXA Financial	Occupation Vice President and Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MARIANNE CHURGIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745998716150	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 520.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. JILL COOLEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1745998816150	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period _____ 140.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 910.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 260.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 54
	<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) PAMELA DUFFY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998916150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 140.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) JOHN MCFEELY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745999216150	
Mailing Address 1290 Avenue of the Americas		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		
Name of Employer AXA Financial	Occupation VicePresident and it was in her bedro		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) MICHAEL SLIPOWITZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745999516150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation SVP, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 54
	<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)

Full Name (Last, First, Middle Initial) A. THOMAS TARBUTTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1746001216150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 60.00		
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 ▼ _____ 390.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. WILLIAM TERRY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 185 Asylum Street 31st floor		Transaction ID: PR1746002516150
City Hartford	State CT	Zip Code 06103
Amount of Each Receipt this Period _____ 60.00		
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 ▼ _____ 390.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT SANSONE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 100 Madison Street 8th fl		Transaction ID: PR1746094416150
City Syracuse	State NY	Zip Code 13202
Amount of Each Receipt this Period _____ 160.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 960.00	P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 280.00
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 34 / 54
	<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: PR1747006916150
Mailing Address 1290 Avenue of the Americas 7th fl City State Zip Code New York NY 10104		Amount of Each Receipt this Period 60.00
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) B. RICHARD DZIADZIO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774717316150
Mailing Address 1290 Avenue of the Americas 16th floor City State Zip Code New York City NY 10104		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$200.00 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 ▼ 2550.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY HERR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774727016150
Mailing Address 10290 Alliance Road City State Zip Code Cincinnati OH 45242		Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial---USFL	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 35 / 54
	<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) BARBARA GOODSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1904689216150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 300.00
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	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B. Full Name (Last, First, Middle Initial) KEVIN MURRAY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1904689316150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 460.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$230.00 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 ▼ 2760.00	

C. Full Name (Last, First, Middle Initial) KENNETH BARNETT II		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907711416150
Mailing Address 6455 Shiloh Rd. STE D		Amount of Each Receipt this Period 140.00
City State Zip Code Alpharetta GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation Assistant Vice President--Advisors Le	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 36 / 54
	(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

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. SUSAN BOBBETTE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907711516150
Mailing Address 100 Madison Street Ste 1000		Amount of Each Receipt this Period 80.00
City State Zip Code Syracuse NY 13202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Fianacial	Occupation Vice President--Service Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. LOUIS CALABRESE III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907711716150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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	Occupation Vice President---MPD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JAMES HARDY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907711916150
Mailing Address 6455 Shiloh Rd.		Amount of Each Receipt this Period 60.00
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---Traing	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 37 / 54
	<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	

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) ROSA ITURBIDES 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: PR1907712016150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial--Law Dept. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) RICHARD JAEGER Mailing Address 100 Madison Street City State Zip Code Syracuse NY 13202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907712116150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Assistant Vice President-SOC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) MAURYA KEATING 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: PR1908082716150 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Vice President & Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	180.00
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 38 / 54
	<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. ANTOINE NAJJAR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1908082816150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 140.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Group Director--AXF-IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00	P/R Deduction (\$70.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DONNA PAGANO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3625 Thousand Oaks Blvd suite 121		Transaction ID: PR1908082916150
City Westlake Village	State CA	Zip Code 91362
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Advisors	Occupation Vice President-Women's Mkt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GARY HIRSCHKRON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1908083316150
City New York	State NY	Zip Code 10104
Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C		
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 ▼ _____ 1425.00	P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 500.00
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 39 / 54
	<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. FREDERICK MAHARDY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1909067716150
Mailing Address 100 Madison Street		Amount of Each Receipt this Period 60.00
City State Zip Code Syracuse NY 13221	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation AXA Financial Assistant Vice President	Aggregate Year-to-Date 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. ALLEN JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1909067916150
Mailing Address 3348 Peachtree Rd NE Bldg 200 Suite 860		Amount of Each Receipt this Period 80.00
City State Zip Code Atlanta GA 30326	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation AXA Advisors Vice President-Director of Sourcing	Aggregate Year-to-Date 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KAREN APPLGATE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1910415016150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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 Vice President-Treasurers	Aggregate Year-to-Date 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 40 / 54
	<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) PAULINE HEALY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1910415116150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00	
City New York	State NY	Zip Code 10104	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 285.00	
Name of Employer AXA Financial	Occupation Assistant Vice President and Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) BRADLEY UHR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914008416150	
Mailing Address 5005 LBJ Freeway Suite 900		Amount of Each Receipt this Period 60.00	
City Dallas	State TX	Zip Code 75244	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 270.00	
Name of Employer AXA Advisors	Occupation Divisional COO-Western Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) KATRINA RANDOLPH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914008516150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period -20.00	
City New York	State NY	Zip Code 10104	P/R Deduction (\$-20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer AXA Financial	Occupation Counsel		
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 41 / 54
	<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. WINDY LAWRENCE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1914008716150
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Assisant Vice President & Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	
		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICHARD FERRONE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1914008816150
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Advisors/Law	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	
		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KAREN HAZIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1914008916150
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Vice President, Secretary and Assoc. G	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	
		P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
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 42 / 54
	(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)

Full Name (Last, First, Middle Initial) A. ST CLAIR DAVIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104		Transaction ID: PR1914009016150 Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President & Associate General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	

Full Name (Last, First, Middle Initial) B. ROBERT BJORNSTI		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104		Transaction ID: PR1914009316150 Amount of Each Receipt this Period _____ 80.00
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 ▼ _____ 360.00	

Full Name (Last, First, Middle Initial) C. STUART ABRAMS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104		Transaction ID: PR1914009616150 Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation Vice Presintent/ Associate General Coun	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	

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 43 / 54
	<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. NORMAN ABRAMS		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1914009716150		
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$30.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation AXA Financial Vice President & Assoc. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00			

Full Name (Last, First, Middle Initial) B. RONALD SARRA		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 185 Asylum Street 31st floor		Transaction ID: PR1914858016150		
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$30.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation AXA Financial AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00			

Full Name (Last, First, Middle Initial) C. PAUL BATEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR1914858216150		
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$30.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation AXA Financial VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
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 44 / 54
	(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

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) FREDERICK VAN PATTEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914858616150	
Mailing Address 6435 Shiloh Suite A		Amount of Each Receipt this Period 60.00	
City Alpharetta	State GA	Zip Code 30005	P/R Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer AXA Advisors	Occupation FC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) ALEXANDER NELSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916156416150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00	
City New York	State NY	Zip Code 10104	P/R Deduction (\$70.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 630.00	
Name of Employer AXA Advisors	Occupation SVP---401k area		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) HAROLD WALPOLE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916387916150	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 160.00	
City New York	State NY	Zip Code 10104	P/R Deduction (\$80.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 720.00	
Name of Employer AXA Financial	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	290.00
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 45 / 54
	(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) SCOTT MCGREGOR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916436216150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 200.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
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 ▼ 900.00	

B. Full Name (Last, First, Middle Initial) KEVIN MOLLOY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916440716150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) MICHAEL MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1919303916150
Mailing Address 6 Ayer Court		Amount of Each Receipt this Period 660.00
City State Zip Code West Chester PA 19382	FEC ID number of contributing federal political committee. C	P/R Deduction (\$330.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation SVP--National Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2970.00	

SUBTOTAL of Receipts This Page (optional) ▶	920.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 46 / 54
	<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	

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. MARK NEELY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923645416150
Mailing Address 1675 Broadway Suite1700		Amount of Each Receipt this Period 330.00
City State Zip Code Denver CO 80202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00

Full Name (Last, First, Middle Initial) B. PENELOPE CERINO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923645516150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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 Occupation VP---Reinsurance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00

Full Name (Last, First, Middle Initial) C. JOEL ALBERT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923670616150
Mailing Address 2399 Highway 34 Suite C-2		Amount of Each Receipt this Period 330.00
City State Zip Code Manasquan NJ 08736	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP--Manasquan Branch	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00

SUBTOTAL of Receipts This Page (optional) ▶	720.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 48 / 54
	<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) BENJAMIN HUDSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905116150
Mailing Address 5435 Corporate Drive Suite 100		Amount of Each Receipt this Period 330.00
City Troy State MI Zip Code 48098	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---BM Great Lakes	Aggregate Year-to-Date 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) RYAN BECK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905216150
Mailing Address 2825 E. Cottonwood Pkwy Suite 430		Amount of Each Receipt this Period 330.00
City Salt Lake City State UT Zip Code 84121	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---BM Salt Lake City	Aggregate Year-to-Date 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) TIMOTHY MACKIE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905316150
Mailing Address 5435 Corporate Drive Suite 100		Amount of Each Receipt this Period 200.00
City Troy State MI Zip Code 48098	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer AXA Advisors Occupation EVP--BM Great Lakes Branch	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	860.00
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 49 / 54
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Full Name (Last, First, Middle Initial) BRIAN BENVENUTO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905516150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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	Occupation VP---IMGG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B. Full Name (Last, First, Middle Initial) JAMES MELLIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1928263316150
Mailing Address 111 E. Kilbourn St Suite 800		Amount of Each Receipt this Period 330.00
City State Zip Code Milwaukee WI 53202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP Wisconsin Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

C. Full Name (Last, First, Middle Initial) JAMES SCHLESINGER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1928263416150
Mailing Address 5 Revere Drive Suite 400		Amount of Each Receipt this Period 330.00
City State Zip Code Northbrook IL 60062	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP---BM Chicago	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

SUBTOTAL of Receipts This Page (optional) ▶	720.00
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 50 / 54
	<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) NELIDA GARCIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1928263816150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 80.00
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	Occupation SVP----Sourcing and Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B. Full Name (Last, First, Middle Initial) ROBERT WRIGHT, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1928264516150
Mailing Address 6435 Shiloh Road Suite a		Amount of Each Receipt this Period 70.00
City State Zip Code Alpharetta GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Monthly)
Name of Employer AXA Advisors	Occupation President--Southern Divison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C. Full Name (Last, First, Middle Initial) FRANCISCO GUIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1930937316150
Mailing Address 9130 South Dadeland Blve Suite 1400		Amount of Each Receipt this Period 60.00
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors	Occupation Vice President-South Florida Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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 51 / 54
	<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)
KEVIN RODIN

Mailing Address **1633 Broadway**

City **New York** State **NY** Zip Code **10019**

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

Name of Employer **AXA Advisors** Occupation **SVP---NY Metro Branch**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

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

Transaction ID: PR1930937416150

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MICHAEL LUCEY

Mailing Address **325 Essjay Street Suite 308**

City **Williamsville** State **NY** Zip Code **14221**

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

Name of Employer **AXA Advisors** Occupation **VP---Buffalo Branch**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

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

Transaction ID: PR1930937516150

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
ANTONETTE GAMBINI

Mailing Address **5 Revere Drive Suite 400**

City **Northbrooke** State **IL** Zip Code **60062**

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

Name of Employer **AXA Advisors** Occupation **VP--Director of Financial Planning, Ch**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

Transaction ID: PR1930937716150

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 54
	<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. L JAY COLE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1930937916150
Mailing Address 3161 W. White Oaks Drive Suite 102		Amount of Each Receipt this Period 120.00
City Springfield State IL Zip Code 62704	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---Midwest Division	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. BRIAN URIE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1931780216150
Mailing Address 2925 Cottonwood Parkway Suite 430		Amount of Each Receipt this Period 60.00
City Salt Lake City State UT Zip Code 84121	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors Occupation VP---Salt Lake City Branch	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) C. SHELDON SEIDENFELD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1932297916150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 60.00
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 Occupation VP---Controllers	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 54
	<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 WASKY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1935701516150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 140.00
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 Advisors	Occupation SVP---Field Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. ALVARO ESCOBAR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1935702016150
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 140.00
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	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. JOSEPH DIMORA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1937997216150
Mailing Address 120 Madison Street		Amount of Each Receipt this Period 330.00
City State Zip Code Syracuse NY 10202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP---Syracuse Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

SUBTOTAL of Receipts This Page (optional) ▶	610.00
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 54 / 54
	<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. JOHN KIRKSEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR2018165316150
City new York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer AXA Financial	Occupation SVP--Chief Diversity Officer	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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. M. KATHLEEN ADAMSON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10840 Ballantyne Commons Pkwy		Transaction ID: PR2091717416150
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer AXA Financial	Occupation SVP---NOC Center Head	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 ▼ 315.00	

Full Name (Last, First, Middle Initial) C. RORY LEE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		Transaction ID: PR2123665416150
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer AXA Advisors	Occupation SVP---401 (K)	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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	19663.68