

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

1290 Avenue of the Americas

Check if different
than previously
reported. (ACC)

New York

NY

10104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00161901

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2015

through

M M M / D D D / Y Y Y Y Y Y
03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Andrew, Steven, , Sutter

Type or Print Name of Treasurer

Signature of Treasurer

Andrew, Steven, , Sutter

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 23 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		150640.76
(b) Cash on Hand at Beginning of Reporting Period.....	162367.72	
(c) Total Receipts (from Line 19)	6545.32	19272.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168913.04	169913.04
7. Total Disbursements (from Line 31).....	2500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	166413.04	166413.04
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3137.00	5524.64
(ii) Unitemized	3408.32	13747.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6545.32	19272.28
(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)	6545.32	19272.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6545.32	19272.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6545.32	19272.28

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	3500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6545.32	19272.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6545.32	19272.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Correcting the balance for beginning cash on hand

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZABUSKY, ALLEN, , ,

Mailing Address 525 WASHINGTON BOULEVARD

City
JERSEY CITY

State
NJ

Zip Code
07310-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial, Inc.

Occupation (for Individual)
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018383037639

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHIAPPY, LUIS GABRIEL, , ,

Mailing Address 9130 SOUTH DADELAND BLVD.
SUITE 1400

City
MIAMI

State
FL

Zip Code
33156-7818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Advisors, LLC

Occupation (for Individual)
District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018385337639

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASTRO, HUGO, , ,

Mailing Address 9130 S. DADELAND BLVD
SUITE 1400

City
MIAMI

State
FL

Zip Code
33156-7818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Advisors, LLC

Occupation (for Individual)
District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018388737639

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$80.00 Monthly)

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HATTEM, DAVE, , ,

Mailing Address 1290 Ave. of the Americas

City
New York

State
NY

Zip Code
10104-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial, Inc.

Occupation (for Individual)
SR. EXE DIR. & DEP GEN COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018390837639

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$384.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KARR, DAVID, , ,

Mailing Address 124 PLYMOUTH ROAD

City

LOWER GWYNEDD

State

PA

Zip Code

19002-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Advisors, LLC

Occupation (for Individual)
EVP --BM---Philadelphia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018399637639

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$384.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAM, DAVID, , ,

Mailing Address 1290 Ave. of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial, Inc.

Occupation (for Individual)
SVP & SENIOR ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018406237639

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

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

524.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEAL, TED, , , Sr

Mailing Address 333 Thornall Street
8thCity
EdisonState
NJZip Code
08837-2220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors

Occupation (for Individual)

EVP Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018409037639

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOONAN, CHRISTOPHER, , ,

Mailing Address 12377 MERIT DRIVE
SUITE 1500City
DALLASState
TXZip Code
75251-2224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors, LLC

Occupation (for Individual)

District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1018418337639

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAVALLEE, SUSAN, , ,

Mailing Address 3010 CHILLINGHAM WAY

City
BALDWINVILLEState
NYZip Code
13027-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Financial, Inc.

Occupation (for Individual)

MD - Employer Sponsor Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1907711537639

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

320.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. MOLLOY, KEVIN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 110 WEST 86TH STREET Apt. 9A City New York State NY Zip Code 10024-4060 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) AXA Financial, Inc. Occupation (for Individual) Head of Employer Sponsored Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : PR1916440737639 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Memo Item P/R Deduction (\$150.00 Bi-Weekly)
B. MCCARTHY, MICHAEL, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6 Ayer Court City West Chester State PA Zip Code 19382-6793 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) AXA Distributors, LLC Occupation (for Individual) SVP--NATIONAL SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : PR1919303937639 Amount of Each Receipt this Period 70.00 <input type="checkbox"/> Memo Item P/R Deduction (\$70.00 Bi-Weekly)
C. NIR, DROR, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1633 Broadway City New York State NY Zip Code 10019-6708 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) AXA Advisors, LLC Occupation (for Individual) EVP---NY Metro Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 495.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : PR1926422837639 Amount of Each Receipt this Period 165.00 <input type="checkbox"/> Memo Item P/R Deduction (\$165.00 Monthly)
SUBTOTAL of Receipts This Page (optional).....		385.00
TOTAL This Period (last page this line number only).....		

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

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

FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BECK, RYAN, , ,

Mailing Address 2825 E. Cottonwood Pkwy
Suite 430

City
Salt Lake City

State
UT

Zip Code
84121-7055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors

Occupation (for Individual)

EVP---BM Salt Lake City

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1926905237639

Amount of Each Receipt this Period

165.00

☐ Memo Item

P/R Deduction (\$165.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DI MORA, JOSEPH, , ,

Mailing Address 120 Madison Street

City

Syracuse

State

NY

Zip Code

13202-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors

Occupation (for Individual)

EVP---Syracuse Branch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR1937997237639

Amount of Each Receipt this Period

165.00

☐ Memo Item

P/R Deduction (\$165.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANE, NICK, , ,

Mailing Address 1290 Avenue of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Financial, Inc.

Occupation (for Individual)

SVP - AXA ADVISORS BUSINESS PLA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR2148756037639

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$127.83 Bi-Weekly)

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

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

530.00

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

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

FOR LINE NUMBER: PAGE 12 OF 16
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELLER, GEORGETTE, , ,

Mailing Address 1266 East Main Street

City
Stamford

State
CT

Zip Code
06902-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors

Occupation (for Individual)

EVP--Branch Mgr--Conn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2164789937639

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$80.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGUIRE, TIMOTHY, , ,

Mailing Address 40 Monument road

City

Bala Cynwyd

State

PA

Zip Code

19004-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Advisors

Occupation (for Individual)

EVP---Northeast Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2170755637639

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$80.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERRIN, MICHEL, , ,

Mailing Address 1290 Avenue of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AXA Financial, Inc.

Occupation (for Individual)

SVP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2176757637639

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

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

230.00

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

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

FOR LINE NUMBER: PAGE 13 OF 16
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. MICUS, DILLAN, , ,</p> <p>Mailing Address 14851 N. Scottsdale Rd Suite 103</p> <p>City Scottsdale State AZ Zip Code 85254-2790</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AXA Advisors, LLC Occupation (for Individual) EVP--Scottsdale AZ</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 495.00</p>		<p>Date of Receipt</p> <p>03 / 31 / 2015</p> <p>Transaction ID : PR2247853637639</p> <p>Amount of Each Receipt this Period 165.00</p> <p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$165.00 Monthly)</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. ELIE, JANET, , ,</p> <p>Mailing Address 80 SCOTT SWAMP ROAD</p> <p>City FARMINGTON State CT Zip Code 06032-2847</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AXA Distributors, LLC Occupation (for Individual) RVP - ADL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 825.00</p>		<p>Date of Receipt</p> <p>03 / 31 / 2015</p> <p>Transaction ID : PR2263126137639</p> <p>Amount of Each Receipt this Period 165.00</p> <p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$165.00 Bi-Weekly)</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. MACALUSO, CAROL, , ,</p> <p>Mailing Address 120 MADISON ST</p> <p>City SYRACUSE State NY Zip Code 13202-2821</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AXA Financial, Inc. Occupation (for Individual) SVP - ACCOUNTING SERVICES AND</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt</p> <p>03 / 31 / 2015</p> <p>Transaction ID : PR2441784137639</p> <p>Amount of Each Receipt this Period 70.00</p> <p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$70.00 Bi-Weekly)</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		400.00
<p>TOTAL This Period (last page this line number only).....▶</p>		

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

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

FOR LINE NUMBER: PAGE 14 OF 16
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROOKS, KERMIT, , ,

Mailing Address 313 WEST 118TH STREET
PH G

City
New York

State
NY

Zip Code
10026-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial, Inc.

Occupation (for Individual)
ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR2463744237639

Amount of Each Receipt this Period

114.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLASH, TODD, , ,

Mailing Address 20 PINE ST
Apt. 2801

City
New York

State
NY

Zip Code
10005-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial, Inc.

Occupation (for Individual)
RETIREMENT SAVINGS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR2491845837639

Amount of Each Receipt this Period

114.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NITZAN, ANDREA, , Andrea,

Mailing Address 68 VALLEY VIEW TERRACE

City
MONTVALE

State
NJ

Zip Code
07645-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Financial

Occupation (for Individual)
Executive Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR2563949437639

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

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

428.00

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

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

FOR LINE NUMBER: PAGE 15 OF 16
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>A. ROSENTHAL, STEVEN, , ,</p> <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address 443 HILLCREST RD</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City RIDGEWOOD</td> <td style="width: 15%;">State NJ</td> <td style="width: 52%;">Zip Code 07450-1520</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) AXA Equitable</td> <td style="width: 67%;">Occupation (for Individual) BP: Life & Savings</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			City RIDGEWOOD	State NJ	Zip Code 07450-1520	Name of Employer (for Individual) AXA Equitable	Occupation (for Individual) BP: Life & Savings	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015</p> <p>Transaction ID : PR2627312637639</p> <p>Amount of Each Receipt this Period 70.00</p> <p><input type="checkbox"/> Memo Item</p> <p>P/R Deduction (\$70.00 Bi-Weekly)</p>	
City RIDGEWOOD	State NJ	Zip Code 07450-1520							
Name of Employer (for Individual) AXA Equitable	Occupation (for Individual) BP: Life & Savings								
<p>B.</p> <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt M M / D D / Y Y Y Y Y Y</p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>	
City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
<p>C.</p> <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt M M / D D / Y Y Y Y Y Y</p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>	
City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			70.00						
<p>TOTAL This Period (last page this line number only)..... ▶</p>			3137.00						

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Shelby For U S Senate

Mailing Address Post Office Box 1091

City
TuscaloosaState
ALZip Code
35403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shelby, Richard C., , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

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

FEC Identification Number

C C00193623**Transaction ID : 38204102**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

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

2500.00