

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) 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 address is changed)

New York

CITY ▲

NY

STATE ▲

10104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Ao.Jiao@axa-equitable.com

Optional Second E-Mail Address

josh.braverman@axa-equitable.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

09 / 19 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00161901

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Josh Braverman

Signature of Treasurer Josh Braverman

[Electronically Filed]

Date

09 / 19 / 2016

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1. FEC ID number

2. FEC ID number

3. FEC ID number

4. FEC ID number

Write or Type Committee Name

AXA Equitable Life Insurance Company Political Action Committee (AXA PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

AXA Equitable Life Insurance Company

Mailing Address

1290 Avenue of the Americas

New York

NY

10104

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Ao Jiao

Mailing Address

525 Washington Blvd

34th Floor

Jersey City

NJ

07310

Title or Position

CITY

STATE

ZIP CODE

Manager, Treasury Ac

Telephone number

212

314

2328

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Josh Braverman

Mailing Address

1290 Avenue of the Americas

New York

NY

10104

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

212

314

4296

Full Name of
Designated
Agent

Steven Sutter

Mailing Address

525 Washington Blvd.

34th Flr

New Jersey

NJ

07310

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

201

743

7218

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase Manhattan Bank

Mailing Address

110 West 52nd Street

New York

NY

10019

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

Form/Schedule: F1A
Transaction ID :

Update the Assistant Treasurer and Custodian of Records

Form/Schedule:
Transaction ID: