

**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 Equitable 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 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 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 ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ 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 ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2014 through 06 / 30 / 2014

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 Josh Braverman

Signature of Treasurer Josh Braverman

[Electronically Filed]

Date

07 / 10 / 2014

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**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		250430.83
(b) Cash on Hand at Beginning of Reporting Period.....	247112.83	
(c) Total Receipts (from Line 19) .....	6628.00	49310.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	253740.83	299740.83
7. Total Disbursements (from Line 31) .....	4000.00	50000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	249740.83	249740.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2014
**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).....

3950.00

19505.00

(ii) Unitemized .....

2678.00

24805.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

6628.00

44310.00

(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) .....

6628.00

44310.00

## 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

5000.00

## 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))..... ▶

6628.00

49310.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

6628.00

49310.00

# **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) 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.....	4000.00	50000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4000.00	50000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	50000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6628.00	44310.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6628.00	44310.00
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALLEN ZABUSKY**

Mailing Address 525 WASHINGTON BOULEVARD

City

JERSEY CITY

State

NJ

Zip Code

07310-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018383033927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**B. LUIS GABRIEL CHIAPPY**

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

AXA Advisors, LLC

Occupation

District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018385333927

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. HUGO CASTRO**

Mailing Address 9130 S. DADELAND BLVD  
SUITE 1400

City

MIAMI

State

FL

Zip Code

33156-7818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018388733927

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

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

250.00

# **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 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. DAVE HATTEM**

Mailing Address 1290 Ave. of the Americas

City  
New York

State Zip Code  
NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP & DEP GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018390833927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

## **B. WENDY COOPER**

Mailing Address 1290 Ave. of the Americas

City  
New York

State Zip Code  
NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP & ASSOC. GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018390933927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

## **C. DAVID KARR**

Mailing Address 40 MONUMOUNT ROAD

City  
BALA CYNWYD

State Zip Code  
PA 19004-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

EVP --BM---Philadelphia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018399633927

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

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

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

305.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **WILLIAM DEGNAN**

Mailing Address 1290 Avenue of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - AT RETIREMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1018402833927

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. **DAVID KAM**

Mailing Address 1290 Ave. of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP &amp; SENIOR ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1018406233927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

C. **TED BEAL Sr**Mailing Address 333 Thornall Street  
8th

City

Edison

State

NJ

Zip Code

08837-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors

Occupation

EVP Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1018409033927

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN PASSANANTI**

Mailing Address 1415 W 22nd Stree  
Suite 330

City State Zip Code  
Oak Brook IL 60523-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

EVP--Chicago Branch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018411333927

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. RONALD THOMAS**

Mailing Address 761 233RD STREET

City State Zip Code  
PASADENA MD 21122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018411833927

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER NOONAN**

Mailing Address 12377 MERIT DRIVE  
SUITE 1500

City State Zip Code  
DALLAS TX 75251-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

District Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR1018418333927

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

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

315.00

**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 21  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANTHONY SAGES**

Mailing Address 1290 Avenue of the Americas

City	State	Zip Code
New York	NY	10104-0101

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

President, Northeast Division

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
06	/	30	/	2014

Transaction ID : PR1745984733927

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. GEORGE PAPAZICOS**

Mailing Address 1290 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10104-0101

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - TAX PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR1907711333927

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. SUSAN LAVALLEE**

Mailing Address 100 MADISON STREET

City	State	Zip Code
SYRACUSE	NY	13202-2723

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - SERVICE DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR1907711533927

Amount of Each Receipt this Period

70.00

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

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WINDY LAWRENCE**

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : PR1914008733927**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. ROBERT BJORNSTI**

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

VP - LAW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : PR1914009333927**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**C. KEVIN MOLLOY**

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - DISTRIBUTION FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : PR1916440733927**

Amount of Each Receipt this Period

70.00

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

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

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

150.00

**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 21

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MICHAEL MCCARTHY**

Mailing Address 6 Ayer Court

City

West Chester

State

PA

Zip Code

19382-6793

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Distributors, LLC

Occupation

SVP--NATIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : PR1919303933927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**B. DROR NIR**

Mailing Address 1633 Broadway

City

New York

State

NY

Zip Code

10019-6708

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

EVP---NY Metro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : PR1926422833927

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. RYAN BECK**Mailing Address 2825 E. Cottonwood Pkwy  
Suite 430

City

Salt Lake City

State

UT

Zip Code

84121-7055

FEC ID number of contributing federal political committee.

C

Name of Employer

AXA Advisors

Occupation

EVP---BM Salt Lake City

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : PR1926905233927

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **NELIDA GARCIA**

Mailing Address 1290 Avenue of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - CORPORATE SOURCING &amp; PROCURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1928263833927

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. **ROBERT WRIGHT JR.**

Mailing Address 1290 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

EVP - WEALTH MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1928264533927

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

C. **JOSEPH DI MORA**

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

AXA Advisors

Occupation

EVP---Syracuse Branch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR1937997233927

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

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

355.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. NICK LANE**

Mailing Address 1290 Avenue of the Americas

City  
New York

State Zip Code  
NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - AXA ADVISORS BUSINESS PLATFORM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2148756033927**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

## **B. GEORGETTE GELLER**

Mailing Address 1266 East Main Street

City  
Stamford

State Zip Code  
CT 06902-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors

Occupation

EVP--Branch Mgr--Conn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2164789933927**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. BRENT ROPER**

Mailing Address 5005 LBJ Freeway  
Suite 900

City  
Dallas

State Zip Code  
TX 75244-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

Executive Director--Advantage Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2164790033927**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

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

380.00

# **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 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIMOTHY MAGUIRE**

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

AXA Advisors

Occupation

EVP---Northeast Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2170755633927

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MICHEL PERRIN**

Mailing Address 1290 Avenue of the Americas

City

New York

State

NY

Zip Code

10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP &amp; ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2176757633927

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**C. ADAM BRUNNER**

Mailing Address 325 Essay Road  
Suite 308

City

Williamsville

State

NY

Zip Code

14221-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors

Occupation

AVP----DM Buffalo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2176757933927

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BARBARA PETERSON**

Mailing Address 175 Powder Forest Drive

City State Zip Code  
Simsbury CT 06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Partners

Occupation

VP - AXA PARTNERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2014

**Transaction ID : PR2187649133927**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. DILLAN MICUS**

Mailing Address 14851 N. Scottsdale Rd  
Suite 103

City State Zip Code  
Scottsdale AZ 85254-2790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

EVP--Scottsdale AZ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2014

**Transaction ID : PR2247853633927**

Amount of Each Receipt this Period

165.00

P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. RICHARD FRASER**

Mailing Address 100 MADISON ST

City State Zip Code  
SYRACUSE NY 13202-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

IO - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2014

**Transaction ID : PR2258541533927**

Amount of Each Receipt this Period

40.00

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

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

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

245.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. PETER ROSCHKE**

Mailing Address 525 WASHINGTON BOULEVARD

City

JERSEY CITY

State

NJ

Zip Code

07310-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SOLUTIONS DELIVERY DIRECTOR-IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2258558233927

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. MICHAEL PETERS**

Mailing Address 325 ESSJAY ROAD  
SUITE 308

City

WILLIAMSVILLE

State

NY

Zip Code

14221-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

VP - BUFFALO NY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2260148633927

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. JANET ELIE**

Mailing Address 80 SCOTT SWAMP ROAD

City

FARMINGTON

State

CT

Zip Code

06032-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Distributors, LLC

Occupation

RVP - ADL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2263126133927

Amount of Each Receipt this Period

330.00

P/R Deduction (\$330.00 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**

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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. ADDISON AUGUSTIN**

Mailing Address 525 WASHINGTON BOULEVARD

City State Zip Code  
JERSEY CITY NJ 07310-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

VP - CONTROLLERS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2379750033927**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

## **B. LEANN BOHNER**

Mailing Address 525 WASHINGTON BLVD

City State Zip Code  
JERSEY CITY NJ 07310-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2414087233927**

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

## **C. CAROL MACALUSO**

Mailing Address 120 MADISON ST

City State Zip Code  
SYRACUSE NY 13202-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - ACCOUNTING SERVICES AND OPERA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2441784133927**

Amount of Each Receipt this Period

70.00

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

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

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

160.00

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

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

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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. ROBIN RAJU**

Mailing Address 1290 AVENUE OF THE AMERICAS

City  
NEW YORK

State Zip Code  
NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

AVP - FUNDS MANAGEMENT GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2463744433927**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. TODD SOLASH**

Mailing Address 1290 AVENUE OF THE AMERICAS

City  
NEW YORK

State Zip Code  
NY 10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial, Inc.

Occupation

SVP - RETIREMENT SAVINGS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2491845833927**

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**C. ALAN MOYER**

Mailing Address 176 RIVERMIST DRIVE

City  
Fulton

State Zip Code  
NY 13069-4955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial

Occupation

Vice President - Account Executive N.A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : PR2560295533927**

Amount of Each Receipt this Period

40.00

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

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andrea ANDREA NITZAN**

Mailing Address 68 VALLEY VIEW TERRACE

City  
MONTVALE

State Zip Code  
NJ 07645-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AXA Financial

Occupation

Executive Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : PR2563949433927

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

200.00

3950.00

**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 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Maffei**

Mailing Address PO Box 74

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement

011

Candidate Name

Rep. Daniel Maffei

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : 37199230

Amount of Each Disbursement this Period

4000.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

4000.00

4000.00