

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 New York NY 10104 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00161901 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2007 through 03 31 2007

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 05 10 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		97301.08
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	100019.38									
(c) Total Receipts (from Line 19) .....	22125.49	48343.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122144.87	145644.87								
7. Total Disbursements (from Line 31) .....	16500.00	40000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	105644.87	105644.87								
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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	14657.25	24545.25
(i) Itemized (use Schedule A) .....	7468.24	23798.54
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22125.49	48343.79
(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) .....	22125.49	48343.79
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)) .....	22125.49	48343.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22125.49	48343.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	16500.00	40000.00
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	0.00
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))..	16500.00	40000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16500.00	40000.00

**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) .....	22125.49	48343.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22125.49	48343.79
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 / 29
	<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) <b>A. George Papazicos</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: 25524722</b>	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Robert S. Jones</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: 25524724</b>	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Advisors	Occupation EVP--Chairman AXA ADvisors		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mark Totten</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: 25524725</b>	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Distributors	Occupation SVP---Dir of Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3400.00
<b>TOTAL</b> 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 / 29
	<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)  
William Miller

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 Distributors Occupation SVP--Chief Sales Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 25524728

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Sparkowski

Mailing Address 80 Scott Swamp Road

City State Zip Code  
Farmington CT 06032

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

Name of Employer AXA Partners Occupation VP--Divisional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: 25584022

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jill Rafaloff

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 VP--Assoc. Gen'l Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 25584038

Amount of Each Receipt this Period  
390.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2390.00
<b>TOTAL</b> 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 / 29
	<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) <b>A. THOMAS RUGGIERO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>45 WILLIAM STREET SUITE 110</b>		<b>Transaction ID: PR1018366416784</b>
City <b>WELLESLEY</b>	State <b>MA</b>	Zip Code <b>02481</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ <b>80.00</b>
Name of Employer <b>AXA Advisors, LLC</b>	Occupation <b>Branch Manager</b>	P/R Deduction (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>240.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ALVIN FENICHEL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>1290 Ave. of the Americas 11th Floor</b>		<b>Transaction ID: PR1018371116784</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ <b>105.00</b>
Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP &amp; CONTROLLER</b>	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 ▼ _____ <b>245.00</b>	

Full Name (Last, First, Middle Initial) <b>C. JANE MAHONEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>1290 Ave. of the Americas 7th Floor</b>		<b>Transaction ID: PR1018375216784</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ <b>105.00</b>
Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP - Admin &amp; Special Projects</b>	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 ▼ _____ <b>245.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>290.00</b>
<b>TOTAL</b> 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 9 / 29
	<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) <b>A. RICHARD SILVER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380216784
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 225.00
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MARK WUTT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382816784
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 105.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP - TSG Headquarters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. ALLEN ZABUSKY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018383016784
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 105.00
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 Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> 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 / 29
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) LUIS GABRIEL CHIAPPY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018385316784
Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1400		Amount of Each Receipt this Period 100.00
City MIAMI      State FL      Zip Code 33156	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
Name of Employer AXA Advisors, LLC      Occupation District Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) HUGO CASTRO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018388716784
Mailing Address 9130 S. DADELAND BLVD SUITE 1400		Amount of Each Receipt this Period 80.00
City MIAMI      State FL      Zip Code 33156	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors, LLC      Occupation District Manager	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) DAVE HATTEM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390816784
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 105.00
City New York      State NY      Zip Code 10104	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.      Occupation SVP & Deputy GENERAL COUNSEL	Aggregate Year-to-Date ▼ 245.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> 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 11 / 29
	(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) <b>A. WENDY COOPER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390916784
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 105.00
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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES MARINO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018396616784
Mailing Address 1290 Avenue of Americas		Amount of Each Receipt this Period 225.00
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 SVP AND CHIEF ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID KARR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018399616784
Mailing Address 40 MONUMOUNT ROAD		Amount of Each Receipt this Period 165.00
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 ▼ 495.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	495.00
<b>TOTAL</b> 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 / 29
	<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) <b>A. WILLIAM DEGNAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>1290 Acenue of the Americas</b>		<b>Transaction ID: PR1018402816784</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104</b>
Amount of Each Receipt this Period _____ <b>105.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AXA Advisors, LLC</b>	Occupation <b>SVP---At Retirement</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DAVID KAM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>1290 Ave. of the Americas 14th Floor</b>		<b>Transaction ID: PR1018406216784</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104</b>
Amount of Each Receipt this Period _____ <b>105.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP &amp; SENIOR ACTUARY</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. ANNE KATCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>1290 Avenue of the Americas 14TH FLOOR</b>		<b>Transaction ID: PR1018408216784</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10104</b>
Amount of Each Receipt this Period _____ <b>105.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>EQUITABLE</b>	Occupation <b>SVP &amp; SR. ACTUARY</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>315.00</b>
<b>TOTAL</b> 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 / 29
	<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)  
**GEORGE DIAMANTIS**

Mailing Address **3348 Peachtree Rd Suite 860**

City **Atlanta** State **GA** Zip Code **30326**

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

Name of Employer **AXA Advisors, LLC** Occupation **President--Advantage Group**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.75**

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

**Transaction ID: PR1018409316784**

Amount of Each Receipt this Period  
**81.25**

P/R Deduction (\$81.25 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
**JOHN PASSANANTI**

Mailing Address **1415 W 22nd Street Suite 330**

City **Oakbrook** State **IL** Zip Code **60523**

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 ▼ **495.00**

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

**Transaction ID: PR1018411316784**

Amount of Each Receipt this Period  
**165.00**

P/R Deduction (\$165.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
**MARY BETH FARRELL**

Mailing Address **1290 Ave. of the Americas 16th Floor**

City **New York** State **NY** Zip Code **10104**

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

Name of Employer **AXA Financial, Inc.** Occupation **EVP - Expense Management**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

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

**Transaction ID: PR1018413616784**

Amount of Each Receipt this Period  
**225.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **471.25**

**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 / 29
	<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) <b>A. CHRISTOPHER CONDRON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018415616784
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 576.00
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 Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) <b>B. SEDRIC AUDAS II</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418016784
Mailing Address 2378 WOODLAKE DRIVE STE. 200		Amount of Each Receipt this Period 100.00
City State Zip Code OKEMOS MI 48098	FEC ID number of contributing federal political committee. C	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER NOONAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418316784
Mailing Address 12377 MERIT DRIVE SUITE 1500		Amount of Each Receipt this Period 100.00
City State Zip Code DALLAS TX 75251	FEC ID number of contributing federal political committee. C	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	776.00
<b>TOTAL</b> 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 15 / 29
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) WAYNE DIX Mailing Address 1290 Ave. of the Americas 20th Floor City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1018421116784 Amount of Each Receipt this Period 105.00
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 ▼ 245.00	P/R Deduction (\$70.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) CLARENCE WRIGHT Mailing Address 1290 Ave. of the Americas 13th Floor City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1018421316784 Amount of Each Receipt this Period 105.00
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 ▼ 245.00	P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) HENRY SWAN JR Mailing Address 700 Commerce Drive Suite 410 City State Zip Code Oak Brook IL 60523 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1047215216784 Amount of Each Receipt this Period 165.00
Name of Employer AXA Advisors, LLC Occupation EVP--Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	P/R Deduction (\$165.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD DANE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1485101916784	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 150.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C		
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 ▼ 350.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY GREEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745984516784	
Mailing Address 4251 Crums Mill Road		Amount of Each Receipt this Period 495.00	
City State Zip Code Harrisburg PA 17112	FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation Senior Vice President, AXA Network		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00		
		P/R Deduction (\$330.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) JILL COOLEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745998816784	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 105.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C		
Name of Employer AXA Financial	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 17 / 29
	(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)  
PAMELA DUFFY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104

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

Name of Employer AXA Financial Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

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

**Transaction ID:** PR1745998916784

Amount of Each Receipt this Period  
105.00

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

**B.** Full Name (Last, First, Middle Initial)  
ROBERT SANSONE

Mailing Address 100 Madison Street  
8th fl

City State Zip Code  
Syracuse NY 13202

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

Name of Employer AXA Financial Occupation  
Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

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

**Transaction ID:** PR1746094416784

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
RICHARD DZIADZIO

Mailing Address 1290 Avenue of the Americas  
16th floor

City State Zip Code  
New York City NY 10104

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

Name of Employer AXA Financial Occupation  
Executive Vice-President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

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

**Transaction ID:** PR1774717316784

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>485.00</b>
<b>TOTAL</b> 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 / 29
	<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) <b>A. TIMOTHY HERR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774727016784
Mailing Address 10290 Alliance Road		Amount of Each Receipt this Period 105.00
City State Zip Code Cincinnati OH 45242	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer Occupation AXA Financial---USFL President and CEO	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. BARBARA GOODSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1904689216784
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 225.00
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 Occupation AXA Financial EVP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. KEVIN MURRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1904689316784
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 265.00
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 Occupation AXA Financial Executive Vice President---CIO	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	595.00
<b>TOTAL</b> 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 / 29
	<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) <b>A. KENNETH BARNETT II</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907711416784
Mailing Address 6455 Shiloh Rd. STE D		Amount of Each Receipt this Period 105.00
City Alpharetta	State GA	Zip Code 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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. ANTOINE NAJJAR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1908082816784
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 105.00
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 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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. GARY HIRSCHKRON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1908083316784
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 225.00
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> 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 / 29
	<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) <b>A. SCOTT MCGREGOR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916436216784
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 150.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer AXA Financial Occupation SVP	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL MCCARTHY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1919303916784
Mailing Address 6 Ayer Court		Amount of Each Receipt this Period 105.00
City State Zip Code West Chester PA 19382	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors Occupation SVP--National Sales Manager	Aggregate Year-to-Date 765.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. MARK NEELY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923645416784
Mailing Address 1675 Broadway Suite1700		Amount of Each Receipt this Period 165.00
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	Aggregate Year-to-Date 495.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	420.00
<b>TOTAL</b> 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 21 / 29						
	(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

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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) <b>A. JOEL ALBERT</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address <b>2399 Highway 34 Suite C-2</b>		<b>Transaction ID: PR1923670616784</b>
City <b>Manasquan</b>	State <b>NJ</b>	Zip Code <b>08736</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>165.00</b>
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP--Manasquan Branch</b>	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>495.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ROSS FERRIN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address <b>1675 Broadway Suite 1700</b>		<b>Transaction ID: PR1926422616784</b>
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80202</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>165.00</b>
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP---Denver</b>	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>495.00</b>	

Full Name (Last, First, Middle Initial) <b>C. DROR NIR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address <b>1633 Broadway</b>		<b>Transaction ID: PR1926422816784</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10019</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>165.00</b>
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP---NY Metro</b>	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>495.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>495.00</b>
<b>TOTAL</b> 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 / 29
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) BENJAMIN HUDSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905116784
Mailing Address 5435 Corporate Drive Suite 100		Amount of Each Receipt this Period 165.00
City Troy State MI Zip Code 48098	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---BM Great Lakes	Aggregate Year-to-Date 495.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) RYAN BECK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905216784
Mailing Address 2825 E. Cottonwood Pkwy Suite 430		Amount of Each Receipt this Period 165.00
City Salt Lake City State UT Zip Code 84121	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---BM Salt Lake City	Aggregate Year-to-Date 495.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) TIMOTHY MACKIE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905316784
Mailing Address 5435 Corporate Drive Suite 100		Amount of Each Receipt this Period 100.00
City Troy State MI Zip Code 48098	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
Name of Employer AXA Advisors Occupation EVP--BM Great Lakes Branch	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>430.00</b>
<b>TOTAL</b> 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 / 29
	<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) <b>A. JAMES MELLIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>111 E. Kilbourn St Suite 800</b>		<b>Transaction ID: PR1928263316784</b>
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53202</b>
Amount of Each Receipt this Period _____ <b>165.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP Wisconsin Branch</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>495.00</b>	P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. JAMES SCHLESINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>5 Revere Drive Suite 400</b>		<b>Transaction ID: PR1928263416784</b>
City <b>Northbrook</b>	State <b>IL</b>	Zip Code <b>60062</b>
Amount of Each Receipt this Period _____ <b>165.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP---BM Chicago</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>495.00</b>	P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DIMORA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address <b>120 Madison Street</b>		<b>Transaction ID: PR1937997216784</b>
City <b>Syracuse</b>	State <b>NY</b>	Zip Code <b>10202</b>
Amount of Each Receipt this Period _____ <b>165.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AXA Advisors</b>	Occupation <b>EVP---Syracuse Branch</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>495.00</b>	P/R Deduction (\$165.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>495.00</b>
<b>TOTAL</b> 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 / 29
<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) <b>A. DONALD SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1555 Poydras Street Suite 2000		<b>Transaction ID:</b> PR1938536416784
City State Zip Code New Orleans LA 70112	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 240.00
Name of Employer AXA Advisors	Occupation EVP--New Orleans Br.	P/R Deduction (\$160.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN KIRKSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR2018165316784
City State Zip Code new York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 105.00
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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. M. KATHLEEN ADAMSON</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10840 Ballantyne Commons Pkwy		<b>Transaction ID:</b> PR2091717416784
City State Zip Code Charlotte NC 28277	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 105.00
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 ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 / 29
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) RORY LEE Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt Transaction ID: PR2123665416784 Amount of Each Receipt this Period 105.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors Occupation SVP---401 (K) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>B.</b> Full Name (Last, First, Middle Initial) KIRBY NOEL Mailing Address 413 Autumn Lake Trail City Franklin State TN Zip Code 37067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt Transaction ID: PR2126790816784 Amount of Each Receipt this Period 105.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Distributors Occupation SVP---Nat'l Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PETER GOLDEN Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt Transaction ID: PR2176757716784 Amount of Each Receipt this Period 330.00 P/R Deduction (\$330.00 Bi-Weekly)
Name of Employer AXA Distributors Occupation VP--Divisional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> 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 26 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
WALTER SMALL

Mailing Address 405 Lake Valley Drive

City	State	Zip Code
Franklin	TN	37069

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

Name of Employer AXA Distributors	Occupation VP---Divisional VP
--------------------------------------	----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

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

**Transaction ID:** PR2179363016784

Amount of Each Receipt this Period  

330.00
--------

P/R Deduction (\$330.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>14657.25</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 29

<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

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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.** Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Patrick Tiberi

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Transaction ID: 25524729

Date of Disbursement

03 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** McCrery for Congress

Mailing Address P. O. Box 4650

City Shreveport State LA Zip Code 71134- 060

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jim McCrery

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 5

Transaction ID: 25653217

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** ERIC PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Eric I. Cantor

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 7

Transaction ID: 25653222

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 29

<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

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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.** Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Paul Ryan

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: WI District: 1

Transaction ID: 25653220

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** McConnell Senate Committee '08

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Mitch McConnell

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: KY District: 2

Transaction ID: 25653214

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Rahm Emanuel

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: IL District: 5

Transaction ID: 25653215

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

16500.00

Image# 27930710825

Form/Schedule: **F3XA**

Two \$200.00 receipts were recorded for Ronald Moles on 3/14/2007 in error. Only one transaction should have been recorded. Ending balance of cash on hand at end of period should be \$200.00 less.

Transaction ID:

\*\*\*\*\*