

# 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  
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)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2010 through 03 31 2010

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 James Zemaite

Signature of Treasurer Electronically Filed by James Zemaite Date 04 02 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**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	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		216046.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	232268.46									
(c) Total Receipts (from Line 19) .....	13715.41	36436.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	245983.87	252483.87								
7. Total Disbursements (from Line 31) .....	28091.60	34591.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	217892.27	217892.27								
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:    To:

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) .....	7677.41	13160.41
(ii) Unitemized .....	4538.00	21776.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12215.41	34936.91
(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) .....	12215.41	34936.91
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 .....	1500.00	1500.00
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)) .....	13715.41	36436.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13715.41	36436.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	28000.00	34500.00
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.....	91.60	91.60
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))..	28091.60	34591.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28091.60	34591.60

**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) .....	12215.41	34936.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12215.41	34936.91
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: PAGE 6 / 30	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) FRIENDS OF CHRIS DODD		Date of Receipt
	Mailing Address 236 Massachusetts Ave., NE Suite 209		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 03 / 2010
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee.		Transaction ID: 31415179
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 1500.00	Refund of Contribution Made in November 2009
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1500.00

**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 7 / 30
	<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) <b>HARVEY E BLITZ</b>	Date of Receipt MM / DD / YYYY <b>03 / 18 / 2010</b>
	Mailing Address <b>1290 Avenue of the Americas</b>	<b>Transaction ID: 31489781</b>
	City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10104-0101</b>	Amount of Each Receipt this Period <b>1000.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Financial, Inc.</b> Occupation <b>SVP - TAX PLANNING</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ALVIN FENICHEL</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2010</b>
	Mailing Address <b>1290 Ave. of the Americas</b>	<b>Transaction ID: PR1018371123376</b>
	City <b>New York</b> State <b>NY</b> Zip Code <b>10104-0101</b>	Amount of Each Receipt this Period <b>70.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Financial, Inc.</b> Occupation <b>SVP &amp; CHIEF ACCOUNTANT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>RICHARD SILVER</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2010</b>
	Mailing Address <b>1290 Ave. of the Americas</b>	<b>Transaction ID: PR1018380223376</b>
	City <b>New York</b> State <b>NY</b> Zip Code <b>10104-0101</b>	Amount of Each Receipt this Period <b>150.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Financial, Inc.</b> Occupation <b>EVP &amp; GENERAL COUNSEL</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1220.00</b>
<b>TOTAL</b> 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 8 / 30
	<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) <b>ALLEN ZABUSKY</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2010</b>
	Mailing Address <b>525 WASHINGTON BOULEVARD</b>	<b>Transaction ID: PR1018383023376</b>
	City <b>JERSEY CITY</b> State <b>NJ</b> Zip Code <b>07310-1606</b>	Amount of Each Receipt this Period <b>70.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer <b>AXA Financial, Inc.</b> Occupation <b>SVP &amp; CONTROLLER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LUIS GABRIEL CHIAPPY</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2010</b>
	Mailing Address <b>9130 SOUTH DADELAND BLVD. SUITE 1400</b>	<b>Transaction ID: PR1018385323376</b>
	City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33156-7818</b>	Amount of Each Receipt this Period <b>100.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer <b>AXA Advisors, LLC</b> Occupation <b>District Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HUGO CASTRO</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2010</b>
	Mailing Address <b>9130 S. DADELAND BLVD SUITE 1400</b>	<b>Transaction ID: PR1018388723376</b>
	City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33156-7818</b>	Amount of Each Receipt this Period <b>80.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
	Name of Employer <b>AXA Advisors, LLC</b> Occupation <b>District Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> 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 / 30
	<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) DAVE HATTEM		Date of Receipt
	Mailing Address 1290 Ave. of the Americas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	New York	NY	10104-0101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1018390823376
Name of Employer AXA Financial, Inc.		Occupation SVP & DEP GEN COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 70.00
			P/R Deduction (\$70.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) WENDY COOPER		Date of Receipt
	Mailing Address 1290 Ave. of the Americas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	New York	NY	10104-0101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1018390923376
Name of Employer AXA Financial, Inc.		Occupation SVP & ASSOC. GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 70.00
			P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES MARINO		Date of Receipt
	Mailing Address 1290 Avenue of Americas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	NEW YORK	NY	10104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1018396623376
Name of Employer AXA Financial, Inc.		Occupation EVP AND CHIEF ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	<input type="text"/> 150.00
			P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 290.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 30
	<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) DAVID KARR	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 40 MONUMOUNT ROAD	<b>Transaction ID:</b> PR1018399623376
	City State Zip Code BALA CYNWYD PA 19004-1737	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b>	Full Name (Last, First, Middle Initial) DAVID KAM	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018406223376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 70.00
	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 & SENIOR ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE KATCHER	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1018408223376
	City State Zip Code NEW YORK NY 10104-0101	Amount of Each Receipt this Period 70.00
	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 & SENIOR ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.00</b>
<b>TOTAL</b> 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 / 30  
(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)  
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 ▼ 450.00

Date of Receipt 03 / 31 / 2010

**Transaction ID:** PR1018409023376

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE DIAMANTIS

Mailing Address 3348 Peachtree Rd  
Suite 860

City Atlanta State GA Zip Code 30326-1067

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 03 / 31 / 2010

**Transaction ID:** PR1018409323376

Amount of Each Receipt this Period 81.25

P/R Deduction (\$81.25 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
JOHN PASSANANTI

Mailing Address 1415 W 22nd Stree  
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 03 / 31 / 2010

**Transaction ID:** PR1018411323376

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 396.25

**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 12 / 30
	<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) MARYBETH FARRELL	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018413623376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation EVP & VICE CHAIR - AXA ADVISORS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER CONDRON	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018415623376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 384.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$384.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1152.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT WOODCOCK	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 855 ROUTE 146	<b>Transaction ID:</b> PR1018417723376
	City State Zip Code CLIFTON PARK NY 12065-3890	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>614.00</b>
<b>TOTAL</b> 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 13 / 30
	<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) CHRISTOPHER NOONAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 12377 MERIT DRIVE SUITE 1500	<b>Transaction ID:</b> PR1018418323376
	City State Zip Code DALLAS TX 75251-2224	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AXA Advisors, LLC Occupation District Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) WAYNE DIX	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018421123376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AXA Advisors Occupation SVP - SERVICE DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY GREEN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 4251 Crums Mill Road	<b>Transaction ID:</b> PR1745984523376
	City State Zip Code Harrisburg PA 17112-2824	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AXA Advisors Occupation SVP - AXA NETWORK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00	P/R Deduction (\$330.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> 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 14 / 30
	<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) RICHARD DZIADZIO	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1774717323376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AXA Financial, Inc. Occupation EVP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	P/R Deduction (\$200.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA GOODSTEIN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1904689223376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AXA Financial, Inc. Occupation EVP - CHIEF MARKETING & INNOVATION OFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	P/R Deduction (\$150.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) KEVIN MURRAY	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1904689323376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AXA Financial, Inc. Occupation EVP & CHIEF INFORMATION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> 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 15 / 30
	<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) KENNETH BARNETT II		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 6455 Shiloh Rd. STE D		<b>Transaction ID:</b> PR1907711423376
	City Alpharetta	State GA	Zip Code 30005-8353
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Advisors	Occupation AVP--ADVISORS LEARNING GROUP	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) SUSAN LAVALLEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 100 MADISON STREET		<b>Transaction ID:</b> PR1907711523376
	City SYRACUSE	State NY	Zip Code 13202-2723
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Financial, Inc.	Occupation SVP - SERVICE DELIVERY	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ANTOINE NAJJAR		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 525 WASHINGTON BOULEVARD		<b>Transaction ID:</b> PR1908082823376
	City JERSEY CITY	State NJ	Zip Code 07310-1606
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Financial, Inc.	Occupation MANAGING DIRECTOR - AXA TECH	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 16 / 30
	<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) GARY HIRSCHKRON	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1908083323376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
	Name of Employer AXA Partners Occupation SVP - AXA Partners Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES MULLERY	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1916397523376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer AXA Advisors Occupation SENIOR VICE PRESIDENT - ANNUITY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEVIN MOLLOY	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas	<b>Transaction ID:</b> PR1916440723376
	City State Zip Code New York NY 10104-0101	Amount of Each Receipt this Period 70.00
	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 - DISTRIBUTION FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30  
(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)

**A.** Full Name (Last, First, Middle Initial)  
 MICHAEL MCCARTHY  
 Mailing Address 6 Ayer Court  
 City State Zip Code  
 West Chester PA 19382-6793  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2010  
**Transaction ID:** PR1919303923376  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Distributors, LLC SVP--NATIONAL SALES MANAGER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00  
 P/R Deduction (\$70.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
 JOEL ALBERT  
 Mailing Address 2399 Highway 34  
 Suite C-2  
 City State Zip Code  
 Manasquan NJ 08736-1500  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2010  
**Transaction ID:** PR1923670623376  
 Amount of Each Receipt this Period  
 165.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors EVP--Manasquan Branch  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 495.00  
 P/R Deduction (\$165.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
 ROSS FERRIN  
 Mailing Address 1675 Broadway  
 Suite 1700  
 City State Zip Code  
 Denver CO 80202-4675  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2010  
**Transaction ID:** PR1926422623376  
 Amount of Each Receipt this Period  
 165.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors EVP---Denver  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 495.00  
 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: (check only one)	PAGE 18 / 30
	<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)  
DROR NIR

Mailing Address 1633 Broadway

City State Zip Code  
New York NY 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 ▼ 495.00

Date of Receipt 03 / 31 / 2010

**Transaction ID:** PR1926422823376

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
RYAN BECK

Mailing Address 2825 E. Cottonwood Pkwy Suite 430

City State Zip Code  
Salt Lake City UT 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 ▼ 495.00

Date of Receipt 03 / 31 / 2010

**Transaction ID:** PR1926905223376

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH DI MORA

Mailing Address 120 Madison Street

City State Zip Code  
Syracuse NY 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 ▼ 495.00

Date of Receipt 03 / 31 / 2010

**Transaction ID:** PR1937997223376

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 495.00

**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 19 / 30
	<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) DONALD SMITH	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1555 Poydras Street Suite 2000	<b>Transaction ID:</b> PR1938536423376
	City State Zip Code New Orleans LA 70112-3701	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
	Name of Employer AXA Advisors Occupation EVP - NEW ORLEANS BRANCH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) M. KATHLEEN ADAMSON	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 10840 BALLANTYNE PKWY	<b>Transaction ID:</b> PR2091717423376
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 70.00
	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 - CHARLOTTE OPERATIONS CENTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KIRBY NOEL	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 413 Autumn Lake Trail	<b>Transaction ID:</b> PR2126790823376
	City State Zip Code Franklin TN 37067-2693	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer AXA Distributors, LLC Occupation SVP---NATIONAL SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> 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 20 / 30  
(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)  
GEORGETTE GELLER

Mailing Address 1266 East Main Street

City State Zip Code  
Stamford 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 ▼ 240.00

Date of Receipt: 03 / 31 / 2010  
Transaction ID: PR2164789923376  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MARIAN SOLE

Mailing Address 89 SCOTT SWAMP ROAD

City State Zip Code  
Farmington CT 06032-2805

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

Name of Employer AXA Partners Occupation SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 31 / 2010  
Transaction ID: PR2170750523376  
Amount of Each Receipt this Period: 70.00  
P/R Deduction (\$70.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY MAGUIRE

Mailing Address 40 Monument road

City State Zip Code  
Bala Cynwyd PA 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 ▼ 240.00

Date of Receipt: 03 / 31 / 2010  
Transaction ID: PR2170755623376  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **230.00**

**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 21 / 30
	<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) MICHEL PERRIN		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR2176757623376
	City New York	State NY	Zip Code 10104-0101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Financial, Inc.	Occupation SVP & ACTUARY	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER GOLDEN		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR2176757723376
	City New York	State NY	Zip Code 10104-0101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 330.00
	Name of Employer AXA Distributors, LLC	Occupation Divisional VP - ADL	P/R Deduction (\$330.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) WALTER SMALL		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 405 Lake Valley Drive		<b>Transaction ID:</b> PR2179363023376
	City Franklin	State TN	Zip Code 37069-4662
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Distributors, LLC	Occupation Divisional VP - AXA Distributors	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	470.00
<b>TOTAL</b> 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 22 / 30
	<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) WILLIAM MILLER JR., JR.		Date of Receipt
	Mailing Address 1290 Avenue of the Americas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	New York	NY	10104-0101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2179561923376
Name of Employer AXA Distributors, llc		Occupation SVP--Chief Sales Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 70.00
			P/R Deduction (\$70.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MITCHELL WATERS JR, JR.		Date of Receipt
	Mailing Address 1290 Avenue of the Americas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	New York	NY	10104-0012
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2228713123376
Name of Employer AXA Distributors, LLC		Occupation SVP - National Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 70.00
			P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL GREGG		Date of Receipt
	Mailing Address 1290 AVENUE OF THE AMERICAS		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	NEW YORK	NY	10104-0101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2244556123376
Name of Employer AXA Distributors, LLC		Occupation SVP - WHOLESALE DISTRIBUTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.16	<input type="text"/> 67.16
			P/R Deduction (\$67.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>207.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 23 / 30
	<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) JOANNE PIETRINI-SMITH	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 AVENUE OF THE AMERICAS	<b>Transaction ID:</b> PR2245177323376
	City State Zip Code NEW YORK NY 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Partners	Occupation SVP & COO - AXA PARTNERS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY COOMES	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 AVENUE OF THE AMERICAS	<b>Transaction ID:</b> PR2245275323376
	City State Zip Code NEW YORK NY 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Distributors, INC.	Occupation VP - WEB CONTENT STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M MICHAEL ROONEY	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 11845 W. OLYMPIC #1100	<b>Transaction ID:</b> PR2246778223376
	City State Zip Code LOS ANGELES CA 90064-1149	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation EVP - LOS ANGELES MARKETING CENTER	
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) .....	<b>305.00</b>
<b>TOTAL</b> 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 24 / 30
	<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) DILLAN MICUS		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 14851 N. Scottsdale Rd Suite 103		<b>Transaction ID:</b> PR2247853623376
	City Scottsdale	State AZ	Zip Code 85254-2790
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA Advisors, LLC	Occupation EVP--Scottsdale AZ	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 ▼ 495.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) SUZANNE VAN STAVEREN-ANGHELUSIU		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1290 AVENUE OF THE AMERICAS		<b>Transaction ID:</b> PR2258558323376
	City NEW YORK	State NY	Zip Code 10104-0101
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
	Name of Employer AXA Financial, Inc.	Occupation SVP - CORPORATE MARKETS	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JANET ELIE		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 80 SCOTT SWAMP ROAD		<b>Transaction ID:</b> PR2263126123376
	City FARMINGTON	State CT	Zip Code 06032-2847
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 330.00
	Name of Employer AXA Distributors, LLC	Occupation RVP - ADL	P/R Deduction (\$330.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>565.00</b>
<b>TOTAL</b> 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 25 / 30  
(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)  
CHRISTOPHER WINANS

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 - EXTERNAL AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** PR2364190923376

Amount of Each Receipt this Period 70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MARY FERNALD

Mailing Address 10840 BALLANTYNE COMMONS PARKWAY

City State Zip Code  
CHARLOTTE NC 28277-2492

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

Name of Employer AXA Financial, Inc. Occupation SVP - CHIEF UNDERWRITING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** PR2369237023376

Amount of Each Receipt this Period 70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN QUACKENBUSH

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 - CORPORATE MARKETS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** PR2380030023376

Amount of Each Receipt this Period 70.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7677.41</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)

<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)

A.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 11	Transaction ID: 31415159 Date of Disbursement 03 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	Transaction ID: 31437083 Date of Disbursement 03 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) ACLI PAC <hr/> Mailing Address 101 Constitution Ave., NW Suite 700 <hr/> City Washington State DC Zip Code 20001-2133 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> 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:	Transaction ID: 31437085 Date of Disbursement 03 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

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

7000.00

**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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	Transaction ID: 31451481 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">3000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	1	0													
<b>B.</b>	Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 313 C Street Ne <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Kirsten Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DC District:	Transaction ID: 31451698 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	1	0													
<b>C.</b>	Full Name (Last, First, Middle Initial) Shelby For U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: 31451810 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	1	0													

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

**9000.00**

**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)

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Shelby For U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement <hr/> Candidate Name Richard C. Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31451983 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31452117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31452249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> 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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 615 Glen Street <hr/> City Glens Falls State NY Zip Code 12801 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465351 Date of Disbursement 03 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 615 Glen Street <hr/> City Glens Falls State NY Zip Code 12801 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31465352 Date of Disbursement 03 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement Void - Allyson Schwartz For Congress <hr/> Candidate Name Rep. Allyson Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31480808 Date of Disbursement 03 / 17 / 2010 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> 011 Category/ Type Void - Allyson Schwartz For Congress

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

4000.00

**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 30 / 30

<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)

**A. Continuing A Majority Political Action Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Void - Continuing A Majority Political Action Committee

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 31480811

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

-2500.00

Void - Continuing A Majority Political Action Committee

**B. Friends of Bob Bennett**

Full Name (Last, First, Middle Initial)

Mailing Address 56 Exchange Place

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name  
Sen. Robert Bennett

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: UT District:

Transaction ID: 31518034

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

2000.00

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

-500.00

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

28000.00