

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 1290 Avenue of the Americas

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00161901 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

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

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer Josh Braverman

Signature of Treasurer Josh Braverman [Electronically Filed] Date 10 / 16 / 2014

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		250430.83
(b) Cash on Hand at Beginning of Reporting Period.....	249551.83	
(c) Total Receipts (from Line 19) .....	6228.00	68349.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255779.83	318779.83
7. Total Disbursements (from Line 31).....	112500.00	175500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	143279.83	143279.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	5495.00	36205.00
(ii) Unitemized .....	733.00	27144.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6228.00	63349.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6228.00	63349.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6228.00	68349.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6228.00	68349.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	112500.00	175500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	112500.00	175500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112500.00	175500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6228.00	63349.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6228.00	63349.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
<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

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. KEVIN HANLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2399 Highway 34  
Suite C 2

City Manasquan State NJ Zip Code 08736-1500

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

Name of Employer AXA Advisors, LLC Occupation District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018365435328**

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Monthly)

**B. ALFRED KUMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation SVP - HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018374535328**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**C. THOMAS LONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Ave. of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - IAD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018375035328**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 7 OF 57
	<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. EDWARD MARRON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Ave. of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP & ASSOC GEN COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018375535328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. ALLEN ZABUSKY**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018383035328**

Amount of Each Receipt this Period **70.00**

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

**C. LUIS GABRIEL CHIAPPY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1400

City MIAMI State FL Zip Code 33156-7818

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

Name of Employer AXA Advisors, LLC Occupation District Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018385335328**

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. HUGO CASTRO</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1018388735328</b>
Mailing Address 9130 S. DADELAND BLVD SUITE 1400		Amount of Each Receipt this Period 80.00
City MIAMI State FL Zip Code 33156-7818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVE HATTEM</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1018390835328</b>
Mailing Address 1290 Ave. of the Americas		Amount of Each Receipt this Period 70.00
City New York State NY Zip Code 10104-0101	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SVP & DEP GEN COUNSEL	Aggregate Year-to-Date 665.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. WENDY COOPER</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1018390935328</b>
Mailing Address 1290 Ave. of the Americas		Amount of Each Receipt this Period 70.00
City New York State NY Zip Code 10104-0101	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	Aggregate Year-to-Date 665.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<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: PAGE 9 OF 57  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. EDNA RUSSO**

Mailing Address 333 Thornall Road  
8th Floor

City Edison State NJ Zip Code 08837-2220

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

Name of Employer AXA Advisors Occupation VP - RBG REGULATORY & TECHNICAL MGT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018391235328**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. DAVID KARR**

Mailing Address 40 MONUMOUNT ROAD

City BALA CYNWYD State PA Zip Code 19004-1737

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

Name of Employer AXA Advisors, LLC Occupation EVP --BM---Philadelphia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018399635328**

Amount of Each Receipt this Period 165.00

P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. ANDREW BEIERWALTES**

Mailing Address 233 N. MICHIGAN AVENUE  
#2450

City CHICAGO State IL Zip Code 60601-5920

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

Name of Employer AXA Advisors, LLC Occupation DISTRICT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR1018400335328**

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... 220.00

**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 10 OF 57
	<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)**

**A. WILLIAM DEGNAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Acenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP - AT RETIREMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018402835328**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

**B. DAVID KAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Ave. of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP & SENIOR ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018406235328**

Amount of Each Receipt this Period **70.00**

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

**C. TED BEAL Sr**  
Full Name (Last, First, Middle Initial)

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 ▼ **1350.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018409035328**

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<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)**

**A. LESTER LOVIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Ave. of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - LIFE PRODUCTS HQ

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018409735328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. THOMAS LAMANNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation VP & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018412035328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. GREGORY GOLDSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation VP - CONTROLLERS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1018412735328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**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 12 OF 57
	<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. CHRISTOPHER NOONAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12377 MERIT DRIVE  
 SUITE 1500  
 City DALLAS State TX Zip Code 75251-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Advisors, LLC Occupation District Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1018418335328**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. CURTIS SYLVESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 WASHINGTON BOULEVARD  
 City JERSEY CITY State NJ Zip Code 07310-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation VP & ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1018421235328**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. PETER CRAWFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City New York State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation AVP - LIFE PRODUCTS HQ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1745983635328**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<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. TIMOTHY FEELEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City State Zip Code  
JERSEY CITY NJ 07310-1606

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

Name of Employer Occupation  
AXA Financial, Inc. IO - IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR1745984135328

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B. NICHOLAS GISMONDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City State Zip Code  
JERSEY CITY NJ 07310-1606

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

Name of Employer Occupation  
AXA Financial, Inc. VP - CONTROLLERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR1745984235328

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**C. ANTHONY SAGES**  
Full Name (Last, First, Middle Initial)

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 Occupation  
AXA Advisors, LLC President, Northeast Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR1745984735328

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00

**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 14 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. GEORGE PAPAZICOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 AVENUE OF THE AMERICAS  
 City NEW YORK State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation SVP - TAX PLANNING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1907711335328**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. SUSAN LAVALLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 MADISON STREET  
 City SYRACUSE State NY Zip Code 13202-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation SVP - SERVICE DELIVERY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1907711535328**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$70.00 Bi-Weekly)

**C. ROSA ITURBIDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City New York State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1907712035328**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 OF 57
	<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. RICHARD JAEGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Madison Street

City Syracuse State NY Zip Code 13202-2723

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

Name of Employer AXA Financial, Inc. Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR1907712135328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. MAURYA KEATING**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP & ASSOC GEN COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR1908082735328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. FREDERICK MAHARDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Madison Street

City Syracuse State NY Zip Code 13202-2723

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

Name of Employer AXA Financial, Inc. Occupation AVP - AXA TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR1909067735328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</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 OF 57
<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. KAREN APPLGATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 Avenue of the Americas  
City New York State NY Zip Code 10104-0101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation VP - TREASURERS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1910415035328**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B. WINDY LAWRENCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 Avenue of the Americas  
City New York State NY Zip Code 10104-0101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation VP & COUNSEL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1914008735328**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C. KAREN HAZIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 Avenue of the Americas  
City New York State NY Zip Code 10104-0101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation VP, SECRETARY AND ASSOC GEN COUNSE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1914008935328**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 17 OF 57
	<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. ROBERT BJORNSTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City New York State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation VP - LAW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1914009335328**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. FREDERICK VAN PATTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6435 Shiloh Suite A  
 City Alpharetta State GA Zip Code 30005-8353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Advisors, LLC Occupation FC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1914858635328**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Monthly)

**C. KEVIN MOLLOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City New York State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, Inc. Occupation SVP - DISTRIBUTION FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1916440735328**  
 Amount of Each Receipt this Period **70.00**  
 P/R Deduction (\$70.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**  
**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 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. MICHAEL MCCARTHY</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1919303935328</b>
Mailing Address 6 Ayer Court		Amount of Each Receipt this Period 70.00
City West Chester	State PA	Zip Code 19382-6793
FEC ID number of contributing federal political committee. C	Name of Employer AXA Distributors, LLC	Occupation SVP--NATIONAL SALES MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	
		P/R Deduction (\$70.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DROR NIR</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1926422835328</b>
Mailing Address 1633 Broadway		Amount of Each Receipt this Period 165.00
City New York	State NY	Zip Code 10019-6708
FEC ID number of contributing federal political committee. C	Name of Employer AXA Advisors, LLC	Occupation EVP---NY Metro
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	
		P/R Deduction (\$165.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. RYAN BECK</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR1926905235328</b>
Mailing Address 2825 E. Cottonwood Pkwy Suite 430		Amount of Each Receipt this Period 165.00
City Salt Lake City	State UT	Zip Code 84121-7055
FEC ID number of contributing federal political committee. C	Name of Employer AXA Advisors	Occupation EVP---BM Salt Lake City
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	
		P/R Deduction (\$165.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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 19 OF 57
	<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)**

**A. NELIDA GARCIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP - CORPORATE SOURCING & PROCURE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1928263835328**

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Advisors, LLC Occupation EVP - WEALTH MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1928264535328**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Bi-Weekly)

**C. FRANCISCO GUIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 South Dadeland Blve Suite 1400

City Miami State FL Zip Code 33156-7850

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

Name of Employer AXA Advisors Occupation Vice President-South Florida Branch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1930937335328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **145.00**

**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 20 OF 57
	<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. BRIAN URIE</b>		Date of Receipt
Mailing Address 2925 Cottonwood Parkway Suite 430		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Salt Lake City	UT	84121-7036
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1931780235328</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$30.00 Monthly)
AXA Advisors, LLC	VP---Salt Lake City Branch	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SHELDON SEIDENFELD</b>		Date of Receipt
Mailing Address 525 WASHINGTON BOULEVARD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
JERSEY CITY	NJ	07310-1606
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1932297935328</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$30.00 Bi-Weekly)
AXA Financial, Inc.	VP - CONTROLLERS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DI MORA</b>		Date of Receipt
Mailing Address 120 Madison Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Syracuse	NY	13202-2821
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1937997235328</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="165.00"/>
Name of Employer	Occupation	P/R Deduction (\$165.00 Monthly)
AXA Advisors	EVP---Syracuse Branch	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1485.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 57
<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. MARY BRADACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP - STRATEGIC INITIATIVES
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2058751035328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**B. KEITH NAMIOT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP - ANNUITY HQ
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2058751235328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**C. RUTH SHORTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP & DEPUTY GEN COUNSEL
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2120033635328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 22 OF 57
<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

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. MATTHEW BERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP - STRATEGIC INITIATIVES
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2123491135328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**B. NICHOLAS HUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP & ASSOC GEN COUNSEL
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2127524135328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**C. NICK LANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York	State NY	Zip Code 10104-0101
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation SVP - AXA ADVISORS BUSINESS PLATFORM
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2148756035328**

Amount of Each Receipt this Period  

200.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>260.00</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 23 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. IRINA GYRLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Avenue of the Americas  
 City New York State NY Zip Code 10104-0101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial, inc. Occupation AVP - RETAIL FINANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2148792035328**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. PIERRE PAJAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 West 22nd Street Suite 330  
 City Oak Brook State IL Zip Code 60523-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Advisors, LLC Occupation VP---Chicago  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2163712335328**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Monthly)

**C. ALEXANDER HENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Madison Street Suite 1900  
 City Syracuse State NY Zip Code 13202-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Advisors Occupation VP---Divisional--Syracuse  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2164291035328**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**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 24 OF 57
	<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. GEORGETTE GELLER</b>			Date of Receipt
Mailing Address 1266 East Main Street			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2164789935328</b>
Stamford	CT	06902-3529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		P/R Deduction (\$80.00 Monthly)
AXA Advisors	EVP--Branch Mgr--Conn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="720.00"/>		

Full Name (Last, First, Middle Initial) <b>B. BRENT ROPER</b>			Date of Receipt
Mailing Address 5005 LBJ Freeway Suite 900			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2164790035328</b>
Dallas	TX	75244-6100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		P/R Deduction (\$50.00 Monthly)
AXA Advisors, LLC	Executive Director--Advantage Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="450.00"/>		

Full Name (Last, First, Middle Initial) <b>C. DEBRA UDICIOUS</b>			Date of Receipt
Mailing Address 1290 Avenue of the Americas			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2170750235328</b>
New York	NY	10104-0101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		P/R Deduction (\$30.00 Bi-Weekly)
AXA Financial, Inc.	VP - OCIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="285.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="160.00"/>
<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 25 OF 57
	<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. TIMOTHY MAGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Monument road

City Bala Cynwyd State PA Zip Code 19004-1737

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

Name of Employer AXA Advisors Occupation EVP---Northeast Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2170755635328**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$80.00 Monthly)

**B. WILLIAM MAHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - TAX PLANNING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2170755835328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. JOHN MACLANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - TREASURERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2170755935328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**

**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 26 OF 57
	<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)**

**A. MICHEL PERRIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2176757635328**

Amount of Each Receipt this Period **70.00**

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

**B. ADAM BRUNNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Essjay Road Siute 308

City Williamsville State NY Zip Code 14221-8243

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

Name of Employer AXA Advisors Occupation AVP----DM Buffalo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2176757935328**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

**C. ELLIOTT LUNNING**  
Full Name (Last, First, Middle Initial)

Mailing Address 10840 BALLANTYNE COMMONS PARKWAY

City CHARLOTTE State NC Zip Code 28277-2492

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

Name of Employer AXA Financial, Inc. Occupation AVP--PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2179363235328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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 27 OF 57
	<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. BARBARA PETERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Powder Forest Drive  
City Simsbury State CT Zip Code 06070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Partners Occupation VP - AXA PARTNERS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2187649135328**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**B. ORI BEN-YISHAI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 Avenue of the Americas  
City New York State NY Zip Code 10104-0012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation VP - STRATEGIC INITIATIVES GROUP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2228717535328**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$30.00 Bi-Weekly)

**C. JAMES J NOLAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1290 AVENUE OF THE AMERICAS  
City NEW YORK State NY Zip Code 10104-0101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Financial, Inc. Occupation AVP - TAX PLANNING  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2230311835328**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</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 28 OF 57
	<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. DAVID G ROGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - TREASURERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2230970635328**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B. ADRIENNE JOHNSON-GUIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, inc. Occupation SVP - STRATEGIC INITIATIVES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2244579735328**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Bi-Weekly)

**C. ROBERT AZZOPARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Advisors Occupation VICE PRESIDENT - RETAIL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2245274835328**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 29 OF 57
<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. DILLAN MICUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 14851 N. Scottsdale Rd  
Suite 103

City State Zip Code  
Scottsdale AZ 85254-2790

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

Name of Employer Occupation  
AXA Advisors, LLC EVP--Scottsdale AZ

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1485.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2247853635328**

Amount of Each Receipt this Period  
165.00

P/R Deduction (\$165.00 Monthly)

**B. MANISH AGARWAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS  
13TH FLOOR

City State Zip Code  
NEW YORK NY 10104-0101

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

Name of Employer Occupation  
AXA Advisors VP - RETAIL HQ

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2258541135328**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 100 MADISON ST

City State Zip Code  
SYRACUSE NY 13202-2723

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

Name of Employer Occupation  
AXA Financial, Inc. IO - IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2258541535328**

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**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 30 OF 57
	<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. MATTHEW VIGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation AVP - AML INVESTIGATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2258558435328

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B. BRUCE A GUILLETTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 SCOTT SWAMP ROAD

City FARMINGTON State CT Zip Code 06032-2847

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

Name of Employer AXA Partners Occupation AVP - ADVANCED MARKETS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2258558535328

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**C. PHILIP PESCATORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Advisors Occupation VP - RETAIL RISK MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2258558635328

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 31 OF 57
	<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. MICHAEL HEALY**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation COO - IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2258578735328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. MICHAEL PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 ESSJAY ROAD SUITE 308

City WILLIAMSVILLE State NY Zip Code 14221-8243

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

Name of Employer AXA Advisors, LLC Occupation VP - BUFFALO NY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2260148635328**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

**C. JANET ELIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 SCOTT SWAMP ROAD

City FARMINGTON State CT Zip Code 06032-2847

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

Name of Employer AXA Distributors, LLC Occupation RVP - ADL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3135.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2263126135328**

Amount of Each Receipt this Period **330.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **410.00**

**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 32 OF 57
	<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. KEITH PRESSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation VP - HR OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2263126235328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation SIO - IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2270345935328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. RALPH A PETRUZZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP & COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2364186335328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 33 OF 57
	<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. ADDISON AUGUSTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY	State NJ	Zip Code 07310-1606
---------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation VP - CONTROLLERS
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2379750035328**

Amount of Each Receipt this Period  

40.00
-------

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

**B. LEANN BOHNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 525 WASHINGTON BLVD

City JERSEY CITY	State NJ	Zip Code 07310-1606
---------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation SVP - IT
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2414087235328**

Amount of Each Receipt this Period  

50.00
-------

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

**C. CAROL MACALUSO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 MADISON ST

City SYRACUSE	State NY	Zip Code 13202-2821
------------------	-------------	------------------------

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

Name of Employer AXA Financial, Inc.	Occupation SVP - ACCOUNTING SERVICES AND OPERA
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2441784135328**

Amount of Each Receipt this Period  

70.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.00</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 34 OF 57
	<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)**

**A. KERMITT BROOKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VICE PRESIDENT & ASSOC GENERAL COU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2463744235328**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B. ROBIN RAJU**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation AVP - FUNDS MANAGEMENT GROUP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2463744435328**

Amount of Each Receipt this Period 40.00

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

**C. AMANDA TURCOTTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 WASHINGTON BOULEVARD

City JERSEY CITY State NJ Zip Code 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation AVP & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2463784335328**

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
<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. GLEN BLACKSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3348 PEACHTREE ROAD NE

City ATLANTA State GA Zip Code 30326-1032

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

Name of Employer AXA Financial, Inc. Occupation VICE PRESIDENT - FMG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2491254035328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. IRA SHUMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP & ASSOC GEN COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2491304535328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. JOANNE ZWERGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 MADISON ST

City SYRACUSE State NY Zip Code 13202-2723

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

Name of Employer AXA Financial, Inc. Occupation VP - CONTROLLERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2491322135328**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**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 36 OF 57
	<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	<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. JAMES O'CONNOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation VP - RELATIONSHIP MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2491734635328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. TODD SOLASH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP - RETIREMENT SAVINGS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2491845835328**

Amount of Each Receipt this Period **70.00**

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

**C. RAGHIB MUHAMMAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 LEXINGTON ROAD

City MONMOUTH JUNCTION State NJ Zip Code 08852-3084

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

Name of Employer AXA Financial Occupation Senior Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2552878335328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **130.00**

**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 37 OF 57
	<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)**

**A. STEVEN DEREDITA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Chaucer Circle

City Baldwinsville State NY Zip Code 13027-8252

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

Name of Employer AXA Financial Occupation Vice President - Retirement Savings

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560295135328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. DAVID DI PAOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5064 CLEAR MEADOW DR

City CAMILLUS State NY Zip Code 13031

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

Name of Employer AXA Financial Occupation Solutions Delivery Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560295235328**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. ALAN MOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 RIVERMIST DRIVE

City Fulton State NY Zip Code 13069-4955

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

Name of Employer AXA Financial Occupation Vice President - Account Executive N.A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560295535328**

Amount of Each Receipt this Period **40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

**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 38 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JAMES MARCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6364 FINISH LINE TRAIL  
 City BREWERTON State NY Zip Code 13029-8674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial Occupation IT Business Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2560304735328**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. ELLEN MCKINNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1639 WESTMORELAND AVE  
 City SYRACUSE State NY Zip Code 13210-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial Occupation Solutions Delivery Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2560306835328**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Andrea ANDREA NITZAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 VALLEY VIEW TERRACE  
 City MONTVALE State NJ Zip Code 07645-1041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Financial Occupation Executive Vice President - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2563949435328**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<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 39 OF 57
	<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. KATHARN GOPIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 795 KITCHAWAN ROAD OSSINING

City New York	State NY	Zip Code 10562
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FEC ID number of contributing federal political committee. **C**

Name of Employer AXA Financial	Occupation Vice President - Product Life-Cycle Ma
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2565846435328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**B. LISA DI MARIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 LEWIS ROAD

City GARNERVILLE	State NY	Zip Code 10923-1116
---------------------	-------------	------------------------

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

Name of Employer AXA Financial	Occupation Vice President - Treasures
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2565846535328**

Amount of Each Receipt this Period  

30.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**C. AIMEE TESORO**  
Full Name (Last, First, Middle Initial)

Mailing Address 458 WOODCLIFF AVENUE

City NORTH BERGEN	State NJ	Zip Code 07047-6145
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FEC ID number of contributing federal political committee. **C**

Name of Employer AXA Financial	Occupation Vice President - Head of Operations
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2565846635328**

Amount of Each Receipt this Period  

15.00
-------

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 40 OF 57  
(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. ELEANORA ANASTASIA SCIOPU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 SPRUCE ROAD  
City NORTH CALDWELL State NJ Zip Code 07006-4527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Equitable Occupation Vice President, Branch Office  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2596637535328**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Monthly)

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5495.00



**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)**

Full Name (Last, First, Middle Initial)

**A. Kaine for Virginia**

Mailing Address 1490-5A Quarterpath Road

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 37551701**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : 37582110**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Next Century Fund - Leadership**

Mailing Address 116 S. Royal St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : 37582159**

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo For Us Senate**

Mailing Address PO Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mike Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37582305**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bob Corker For Senate 2018 Inc**

Mailing Address 1015 Stonebridge Park Drive

City State Zip Code  
Franklin TN 37069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Robert Corker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37582366**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Pat Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37582376**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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**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)**

Full Name (Last, First, Middle Initial)

**A. Moran For Kansas**

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jerry Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37582383**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Susan Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37582407**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends Of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Warner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37582778**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Chris Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37582788**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Chris Coons For Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Christopher Coons**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597796**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Scott Garrett For Congress**

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Scott Garrett**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597797**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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)**

Full Name (Last, First, Middle Initial)

**A. Royce Campaign Committee**

Mailing Address P.O. Box 2525

City State Zip Code  
Orange CA 92859

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edward Royce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597802**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Mailing Address P.O. BOX 54175

City State Zip Code  
LUBBOCK TX 79453

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Randy C Neugebauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597901**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Blaine For Congress**

Mailing Address PO Box 1025

City State Zip Code  
Jefferson City MO 65102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597902**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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)**

Full Name (Last, First, Middle Initial)

**A. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Hurt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597904**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 81 S Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597906**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Dennis Ross**

Mailing Address 133 South Harbor DR.

City Venice State FL Zip Code 34285

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Dennis Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37597913**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

**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)**

Full Name (Last, First, Middle Initial)

**A. Pittenger For Congress Llc**

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement

011

Candidate Name

**Rep. Robert Pittenger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37597915**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Candidate Name

**Rep. Andy Barr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37597916**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Luke Messer For Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Candidate Name

**Rep. Luke Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37597928**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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)**

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37597931**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road, #312

City State Zip Code  
Fairfield CT 06824

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jim Himes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37597948**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Maffei**

Mailing Address PO Box 74

City State Zip Code  
Syracuse NY 13214

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Daniel Maffei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37597978**

Amount of Each Disbursement this Period

2500.00
---------

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

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

5500.00
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**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)**

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steven Horsford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598000**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address P.O. BOX 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gary Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598031**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Rounds for Senate**

Mailing Address P.O. BOX 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598033**

Amount of Each Disbursement this Period

1000.00
---------

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

7000.00
---------

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

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**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)**

Full Name (Last, First, Middle Initial)

**A. Becerra For Congress**

Mailing Address P.O. Box 26106

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598053**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598054**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598055**

Amount of Each Disbursement this Period

2500.00
---------

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

11500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)**

Full Name (Last, First, Middle Initial)

**A. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

**Rep. Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598057**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598059**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. RICHARD NEAL FOR CONGRESS**

Mailing Address P.O. Box 718

City Springfield State MA Zip Code 01101

Purpose of Disbursement

011

Candidate Name

**Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598061**

Amount of Each Disbursement this Period

3500.00
---------

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

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

**Rep. Devin Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598065**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598066**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598082**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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)**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598088**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress**

Mailing Address P. O. Box 1919

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598090**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Prosperity Action Inc.**

Mailing Address 1006 Pendleton St.

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598099**

Amount of Each Disbursement this Period

5	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0
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**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)**

Full Name (Last, First, Middle Initial)

**A. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Aaron Schock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598108**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pioneer PAC**

Mailing Address 217 Third St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598125**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Carper For Senate**

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Thomas Carper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598135**

Amount of Each Disbursement this Period

2000.00
---------

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

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

9500.00
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**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)**

Full Name (Last, First, Middle Initial)

**A. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Candidate Name

**Sen. Robert Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598137**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598140**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement

011

Candidate Name

**Sen. Orrin Hatch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 37598207**

Amount of Each Disbursement this Period

2500.00
---------

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

6500.00
---------

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

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**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)**

Full Name (Last, First, Middle Initial)

**A. Georgians For Isakson**

Mailing Address 6000 Lake Forest Drive #102

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37598208**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37598210**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : 37598211**

Amount of Each Disbursement this Period

2000.00
---------

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

6000.00
---------

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

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**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)**

Full Name (Last, First, Middle Initial)

**A. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

**Sen. Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598213**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Candidate Name

**Sen. Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

**Transaction ID : 37598249**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

7500.00

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

112500.00