

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC)

ADDRESS (number and street) 1290 Avenue of the Americas  
4th Floor  
 Check if different than previously reported. (ACC)  
New York NY 10104

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

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

5. Covering Period 09 01 2007 through 09 30 2007

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

Type or Print Name of Treasurer James Zemaite

Signature of Treasurer Electronically Filed by James Zemaite Date 10 05 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		97301.08
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	154146.47									
(c) Total Receipts (from Line 19) .....	12481.26	137521.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	166627.73	234822.73								
7. Total Disbursements (from Line 31) .....	-2000.00	66195.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	168627.73	168627.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11502.80	96638.75
(i) Itemized (use Schedule A) .....	978.46	40882.90
(ii) Unitemized .....	12481.26	137521.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12481.26	137521.65
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12481.26	137521.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12481.26	137521.65

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2000.00	66000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	195.00
(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	195.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-2000.00	66195.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	-2000.00	66195.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12481.26	137521.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	195.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12481.26	137326.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) KEVIN HANLEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018365417806
Mailing Address 2399 Highway 34 Suite C 2		Amount of Each Receipt this Period 25.00
City Manasquan State NJ Zip Code 08736	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 225.00		

<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS RUGGIERO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018366417806
Mailing Address 45 WILLIAM STREET SUITE 110		Amount of Each Receipt this Period 80.00
City WELLESLEY State MA Zip Code 02481	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation Branch Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 720.00		

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN ENG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018370917806
Mailing Address 1290 Ave. of the Americas 20th Floor		Amount of Each Receipt this Period 30.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation AVP, Financial Management Group	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ALVIN FENICHEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018371117806
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer Occupation AXA Financial, Inc. SVP & CONTROLLER	Aggregate Year-to-Date 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. JONATHAN GAINES</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018371717806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code NEW YORK NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation EQUITABLE VP & Associate General Counsel	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. ALFRED KUMP</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018374517806
Mailing Address 787 7TH AVENUE 5th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10019	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation AXA Financial, Inc. VP - Payroll Services Department	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) THOMAS LONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018375017806
Mailing Address 1290 Ave. of the Americas 4th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Internal Audit Department	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PATRICIA MACISAAC		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018375117806
Mailing Address 200 PLAZA DRIVE 2		Amount of Each Receipt this Period 50.00
City State Zip Code SECAUCUS NJ 07094	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP--Service Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JANE MAHONEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018375217806
Mailing Address 1290 Ave. of the Americas 7th Floor		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP - Admin & Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD MARRON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018375517806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP & Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) LORETTA RONCZKA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018378717806
Mailing Address 787 Seventh Ave. 5th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10019	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Field Force Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DENNIS ROSENZWEIG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018378817806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Treasurer - Corporate Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD SILVER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380217806
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 150.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation EVP AND GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD STUMPF</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018380717806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP & ASSOC. GEN. COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MARK WUTT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018382817806
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP - TSG Headquarters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address **1290 Ave. of the Americas  
 11th Floor**

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

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

Name of Employer **AXA Financial, Inc.** Occupation **SVP & Deputy Controller**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

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

**Transaction ID: PR1018383017806**

Amount of Each Receipt this Period  
**70.00**

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

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

Mailing Address **4 Gateway Center**

City **Pittsburg** State **PA** Zip Code **15222**

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

Name of Employer **AXA Advisors, LLC** Occupation **Midwest Division President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

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

**Transaction ID: PR1018384217806**

Amount of Each Receipt this Period  
**212.55**

P/R Deduction (\$212.55 Monthly)

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

Mailing Address **9130 SOUTH DADELAND BLVD.  
 SUITE 1400**

City **MIAMI** State **FL** Zip Code **33156**

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  
 M M / D D / Y Y Y Y Y

**Transaction ID: PR1018385317806**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>382.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) HUGO CASTRO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018388717806
Mailing Address 9130 S. DADELAND BLVD SUITE 1400		Amount of Each Receipt this Period 80.00
City MIAMI State FL Zip Code 33156	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors, LLC Occupation District Manager	Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) DAVE HATTEM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390817806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 70.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SVP & Deputy GENERAL COUNSEL	Aggregate Year-to-Date 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) WENDY COOPER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018390917806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 70.00
City New York State NY Zip Code 10104	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial, Inc. Occupation SVP & ASSOC. GENERAL COUNSEL	Aggregate Year-to-Date 700.00	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) EDNA RUSSO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 333 Thornall Road 8th Floor		<b>Transaction ID:</b> PR1018391217806	
City Metuchen	State NJ	Zip Code 08837	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial, Inc.	Occupation VP - TSA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) KEVIN BYRNE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1290 Ave. of the Americas 12th Floor		<b>Transaction ID:</b> PR1018394417806	
City New York	State NY	Zip Code 10104	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial, Inc.	Occupation SVP and Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) CHARLES MARINO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1290 Avenue of Americas		<b>Transaction ID:</b> PR1018396617806	
City NEW YORK	State NY	Zip Code 10104	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial	Occupation SVP AND CHIEF ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
		P/R Deduction (\$150.00 Bi-Weekly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address **40 MONUMOUNT ROAD**

City **BALA CYNWYD** State **PA** Zip Code **19004**

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  
 M M / D D / Y Y Y Y Y

**Transaction ID: PR1018399617806**

Amount of Each Receipt this Period  
**165.00**

P/R Deduction (\$165.00 Monthly)

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

Mailing Address **233 N. MICHIGAN AVENUE #2450**

City **CHICAGO** State **IL** Zip Code **60601**

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  
 M M / D D / Y Y Y Y Y

**Transaction ID: PR1018400317806**

Amount of Each Receipt this Period  
**25.00**

P/R Deduction (\$25.00 Monthly)

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

Mailing Address **1290 Acenue of the Americas**

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

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

Name of Employer **AXA Advisors, LLC** Occupation **SVP---At Retirement**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

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

**Transaction ID: PR1018402817806**

Amount of Each Receipt this Period  
**70.00**

P/R Deduction (\$70.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN BURNTHALL**

Mailing Address **6455 SHILOH RD. STE. D**

City **ALPHARETTA** State **GA** Zip Code **30005**

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

Name of Employer **AXA Financial, Inc.** Occupation **SENIOR VICE PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

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

**Transaction ID: PR1018403417806**

Amount of Each Receipt this Period  
**40.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**DEBRA AYRES**

Mailing Address **1290 Ave. of the Americas**

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

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

Name of Employer **AXA Financial, Inc.** Occupation **VICE PRESIDENT & ACTUARY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID: PR1018405817806**

Amount of Each Receipt this Period  
**30.00**

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

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

Mailing Address **1290 Ave. of the Americas  
 14th Floor**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

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

**Transaction ID: PR1018406217806**

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 65
	<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. JANET FRIEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of The Americas 12th		<b>Transaction ID: PR1018406517806</b>
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer EQUITABLE	Occupation Vice President/ Customer Relations--La	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. RALPH VORACEK</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1001 LAKESIDE AVENUE SUITE 1650		<b>Transaction ID: PR1018408017806</b>
City CLEVELAND	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer AXA Advisors, LLC	Occupation Divisional Vice President	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. ANNE KATCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas 14TH FLOOR		<b>Transaction ID: PR1018408217806</b>
City NEW YORK	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer EQUITABLE	Occupation SVP & SR. ACTUARY	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) KENNETH POULTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018408717806
Mailing Address 6100 FAIRVIEW SUITE 200		Amount of Each Receipt this Period 30.00
City CHARLOTTE State NC Zip Code 28277		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Advisors, LLC	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		P/R Deduction (\$30.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) GEORGE DIAMANTIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018409317806
Mailing Address 3348 Peachtree Rd Suite 860		Amount of Each Receipt this Period 81.25
City Atlanta State GA Zip Code 30326		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Advisors, LLC	Occupation President--Advantage Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.25	
		P/R Deduction (\$81.25 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) LESTER LOVIER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018409717806
Mailing Address 1290 Ave. of the Americas 13th Floor		Amount of Each Receipt this Period 30.00
City New York State NY Zip Code 10104		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial, Inc.	Occupation VP - Life Marketing Hdqtrts.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	141.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A. JOHN PASSANANTI</b> Full Name (Last, First, Middle Initial) Mailing Address 1415 W 22nd Street Suite 330 City State Zip Code Oakbrook IL 60523		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018411317806 Amount of Each Receipt this Period 165.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation EVP--Chicago Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	

<b>B. RONALD THOMAS</b> Full Name (Last, First, Middle Initial) Mailing Address 761 233RD STREET City State Zip Code PASADENA MD 21122		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018411817806 Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C. THOMAS LAMANNA</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Ave. of the Americas 11th Floor City State Zip Code New York NY 10104		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412017806 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation AVP & ACTUARY - R&D/Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) GREGORY GOLDSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018412717806
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VICE PRESIDENT - Reporting & Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MARY BETH FARRELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018413617806
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 150.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation EVP - Expense Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DIMAS NUNEZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018414917806
Mailing Address 6435 Shiloh Rd. SUITE A		Amount of Each Receipt this Period 30.00
City State Zip Code ALPHARETTA GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Advisors Support Group HQ & Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 65
	<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. CHRISTOPHER CONDRON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018415617806
Mailing Address 1290 Ave. of the Americas 16th Floor		Amount of Each Receipt this Period 384.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$384.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3840.00	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY BRUCCOLERI</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416217806
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 40.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MARVIN RAFF</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018416417806
Mailing Address 1290 Ave. of the Americas 18th Floor		Amount of Each Receipt this Period 45.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation Managing Director - Technical Architec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	469.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 / 65
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) HENRY LANDA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417417806
Mailing Address 9130 S. Dadeland Blvd. #1400		Amount of Each Receipt this Period 30.00
City Miami State FL Zip Code 33156	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AXA Advisors, LLC Occupation District Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	
		P/R Deduction (\$30.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT WOODCOCK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018417717806
Mailing Address 855 ROUTE 146		Amount of Each Receipt this Period 80.00
City CLIFTON PARK State NY Zip Code 12065	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AXA Advisors, LLC Occupation Branch Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00	
		P/R Deduction (\$80.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) SEDRIC AUDAS II		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418017806
Mailing Address 2378 WOODLAKE DRIVE STE. 200		Amount of Each Receipt this Period 100.00
City OKEMOS State MI Zip Code 48098	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AXA Advisors, LLC Occupation Branch Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	
		P/R Deduction (\$100.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 65
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER NOONAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018418317806
Mailing Address 12377 MERIT DRIVE SUITE 1500		Amount of Each Receipt this Period 100.00
City DALLAS      State TX      Zip Code 75251		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Advisors, LLC	Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL HARINSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420317806
Mailing Address 1290 Ave. of the Americas 12th Floor		Amount of Each Receipt this Period 30.00
City New York      State NY      Zip Code 10104		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial, Inc.	Occupation SVP - Treasurer, Corporate Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) STACY BRAUN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018420717806
Mailing Address 1290 Ave. of the Americas 7th Floor		Amount of Each Receipt this Period 30.00
City New York      State NY      Zip Code 10104		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial, Inc.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARGARET LOVE</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6455 SHILOH ROAD SUITE D		<b>Transaction ID: PR1018420817806</b>
City ALPHARETTA	State GA	Zip Code 30005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial, Inc.	Occupation AVP - Training/Continuous Learning	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. GLENN ONOS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 20th Floor		<b>Transaction ID: PR1018420917806</b>
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer AXA Financial, Inc.	Occupation DIRECTOR - CRM / Siebel Applications	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. WAYNE DIX</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Ave. of the Americas 20th Floor		<b>Transaction ID: PR1018421117806</b>
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer AXA Financial, Inc.	Occupation Senior Vice President	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. PASQUALE TADDEI</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018421817806
Mailing Address 1290 Ave. of the Americas 11th Floor		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial, Inc.	Occupation VP - Investment Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. HENRY SWAN JR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1047215217806
Mailing Address 700 Commerce Drive Suite 410		Amount of Each Receipt this Period 165.00
City State Zip Code Oak Brook IL 60523	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors, LLC	Occupation EVP--Chicago	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. EDWARD DANE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1485101917806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 100.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer AXA Financial,	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) PETER CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745983617806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) TIMOTHY FEELEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745984117806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Director, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) NICHOLAS GISMONDI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1745984217806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President, Controllers	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY GREEN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4251 Crums Mill Road		<b>Transaction ID: PR1745984517806</b>
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 330.00
Name of Employer AXA Financial	Occupation Senior Vice President, AXA Network	P/R Deduction (\$330.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2910.00	

Full Name (Last, First, Middle Initial) <b>B. ROY POST</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1745984617806</b>
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial	Occupation AVP, Operational Risk Management	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY SAGES</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1745984717806</b>
City New York	State NY	Zip Code 10104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer AXA Financial	Occupation President, Northeast Division	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) JILL COOLEY		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR1745998817806		
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 70.00		P/R Deduction (\$70.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 700.00		
Name of Employer AXA Financial	Occupation SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>B.</b> Full Name (Last, First, Middle Initial) PAMELA DUFFY		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR1745998917806		
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 70.00		P/R Deduction (\$70.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 700.00		
Name of Employer AXA Financial	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL SLIPOWITZ		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR1745999517806		
City State Zip Code New York NY 10104	Amount of Each Receipt this Period 30.00		P/R Deduction (\$30.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 300.00		
Name of Employer AXA Financial	Occupation SVP, Risk Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A. THOMAS TARBUTTON</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1746001217806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B. WILLIAM TERRY</b> Full Name (Last, First, Middle Initial) Mailing Address 185 Asylum Street 31st floor City State Zip Code Hartford CT 06103 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1746002517806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Distributors Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C. ROBERT SANSONE</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Madison Street 8th fl City State Zip Code Syracuse NY 13202 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1746094417806</b> Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Financial Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT GOLDENBERG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1747006917806
Mailing Address 1290 Avenue of the Americas 7th fl		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation Axa Financial Vice President---Annuity MPD	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD DZIADZIO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774717317806
Mailing Address 1290 Avenue of the Americas 16th floor		Amount of Each Receipt this Period 200.00
City State Zip Code New York City NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Bi-Weekly)
Name of Employer Occupation AXA Financial Executive Vice-President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) TIMOTHY HERR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1774727017806
Mailing Address 10290 Alliance Road		Amount of Each Receipt this Period 70.00
City State Zip Code Cincinnati OH 45242	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer Occupation AXA Financial---USFL President and CEO	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BARBARA GOODSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1904689217806</b>	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial	Occupation EVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1500.00		P/R Deduction (\$150.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KEVIN MURRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1904689317806</b>	
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Financial	Occupation Executive Vice President--CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1700.00		P/R Deduction (\$150.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. KENNETH BARNETT II</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6455 Shiloh Rd. STE D		<b>Transaction ID: PR1907711417806</b>	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period _____ 70.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AXA Advisors	Occupation Assistant Vice President--Advisors Le		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00		P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<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)**

<b>A. SUSAN BOBBETTE</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Madison Street Ste 1000 City State Zip Code Syracuse NY 13202 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1907711517806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Fianacial Occupation Vice President--Service Delivery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B. JAMES HARDY</b> Full Name (Last, First, Middle Initial) Mailing Address 6455 Shiloh Rd. City State Zip Code Alpharetta GA 30005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1907711917806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial---Traing Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C. ROSA ITURBIDES</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1907712017806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial--Law Dept. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD JAEGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907712117806
Mailing Address 100 Madison Street		Amount of Each Receipt this Period 30.00
City State Zip Code Syracuse NY 13202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Assistant Vice President-SOC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MAURYA KEATING</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1908082717806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President & Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. ANTOINE NAJJAR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1908082817806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Group Director--AXF-IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) GARY HIRSCHKRON Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1908083317806 Amount of Each Receipt this Period 150.00 P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) FREDERICK MAHARDY Mailing Address 100 Madison Street City State Zip Code Syracuse NY 13221 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1909067717806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) W. ALLEN JOHNSON Mailing Address 3348 Peachtree Rd NE Bldg 200 Suite 860 City State Zip Code Atlanta GA 30326 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1909067917806 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Advisors Occupation Vice President-Director of Sourcing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 65
	<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. KAREN APPLGATE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1910415017806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President-Treasurers	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. PAULINE HEALY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1910415117806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Assistant Vice President and Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. BRADLEY UHR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914008417806
Mailing Address 5005 LBJ Freeway Suite 900		Amount of Each Receipt this Period 30.00
City State Zip Code Dallas TX 75244	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation Divisional COO-Western Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WINDY LAWRENCE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1914008717806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial	Occupation Assisant Vice President & Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. RICHARD FERRONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1914008817806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Advisors/Law	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. KAREN HAZIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1914008917806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial	Occupation Vice President, Secretary and Assoc. G	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 65
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) ST CLAIR DAVIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914009017806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President & Associate General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT BJORNSTI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914009317806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 40.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) STUART ABRAMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914009617806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation Vice Presintent/ Associate General Coun	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) NORMAN ABRAMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914009717806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation Vice President & Assoc. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) RONALD SARRA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914858017806
Mailing Address 185 Asylum Street 31st floor		Amount of Each Receipt this Period 30.00
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PAUL BATEMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914858217806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 65
	<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. FREDERICK VAN PATTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1914858617806
Mailing Address 6435 Shiloh Suite A		Amount of Each Receipt this Period 30.00
City State Zip Code Alpharetta GA 30005	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors Occupation FC	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. JAMES MULLERY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916397517806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Distributors Occupation COO	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. KEVIN MOLLOY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1916440717806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation VP	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A. Full Name (Last, First, Middle Initial)</b> MICHAEL MCCARTHY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1919303917806
Mailing Address 6 Ayer Court		Amount of Each Receipt this Period 70.00
City State Zip Code West Chester PA 19382	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation SVP--National Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00	

<b>B. Full Name (Last, First, Middle Initial)</b> MARK NEELY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923645417806
Mailing Address 1675 Broadway Suite1700		Amount of Each Receipt this Period 165.00
City State Zip Code Denver CO 80202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	

<b>C. Full Name (Last, First, Middle Initial)</b> PENELOPE CERINO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1923645517806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation VP---Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	265.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 / 65
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
JOEL ALBERT

Mailing Address 2399 Highway 34  
Suite C-2

City Manasquan State NJ Zip Code 08736

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

Name of Employer AXA Advisors Occupation EVP--Manasquan Branch

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

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

**Transaction ID:** PR1923670617806

Amount of Each Receipt this Period  
165.00

P/R Deduction (\$165.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
CHANG CHUN

Mailing Address 3435 Wilshie Blvd.  
Suite 2500

City Los Angeles State CA Zip Code 90010

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

Name of Employer AXA Advisors Occupation EVP--LAMC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

**Transaction ID:** PR1926422117806

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
ROSS FERRIN

Mailing Address 1675 Broadway  
Suite 1700

City Denver State CO Zip Code 80202

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

Name of Employer AXA Advisors Occupation EVP---Denver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

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

**Transaction ID:** PR1926422617806

Amount of Each Receipt this Period  
165.00

P/R Deduction (\$165.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) DROR NIR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926422817806
Mailing Address 1633 Broadway		Amount of Each Receipt this Period 165.00
City State Zip Code New York NY 10019	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	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	

<b>B.</b> Full Name (Last, First, Middle Initial) BENJAMIN HUDSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905117806
Mailing Address 5435 Corporate Drive Suite 100		Amount of Each Receipt this Period 165.00
City State Zip Code Troy MI 48098	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors	Occupation EVP---BM Great Lakes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RYAN BECK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905217806
Mailing Address 2825 E. Cottonwood Pkwy Suite 430		Amount of Each Receipt this Period 165.00
City State Zip Code Salt Lake City UT 84121	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.00 Monthly)
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	495.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A. TIMOTHY MACKIE</b> Full Name (Last, First, Middle Initial) Mailing Address 5435 Corporate Drive Suite 100 City Troy State MI Zip Code 48098		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905317806 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer AXA Advisors Occupation EVP--BM Great Lakes Branch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00 P/R Deduction (\$100.00 Monthly)

<b>B. BRIAN BENVENUTO</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926905517806 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer AXA Financial Occupation VP---Creative Marketing Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00 P/R Deduction (\$30.00 Bi-Weekly)

<b>C. JAMES MELLIN</b> Full Name (Last, First, Middle Initial) Mailing Address 111 E. Kilbourn St Suite 800 City Milwaukee State WI Zip Code 53202		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1928263317806 Amount of Each Receipt this Period 165.00
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer AXA Advisors Occupation EVP Wisconsin Branch 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) .....	<b>295.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A. JAMES SCHLESINGER</b> Full Name (Last, First, Middle Initial) Mailing Address <b>5 Revere Drive Suite 400</b> City <b>Northbrook</b> State <b>IL</b> Zip Code <b>60062</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1928263417806</b> Amount of Each Receipt this Period 165.00
Name of Employer <b>AXA Advisors</b> Occupation <b>EVP---BM Chicago</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	P/R Deduction (\$165.00 Monthly)

<b>B. NELIDA GARCIA</b> Full Name (Last, First, Middle Initial) Mailing Address <b>1290 Avenue of the Americas</b> City <b>New York</b> State <b>NY</b> Zip Code <b>10104</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1928263817806</b> Amount of Each Receipt this Period 40.00
Name of Employer <b>AXA Financial</b> Occupation <b>SVP----Sourcing and Procurement</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>C. ROBERT WRIGHT, Jr.</b> Full Name (Last, First, Middle Initial) Mailing Address <b>6435 Shiloh Road Suite a</b> City <b>Alpharetta</b> State <b>GA</b> Zip Code <b>30005</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR1928264517806</b> Amount of Each Receipt this Period 35.00
Name of Employer <b>AXA Advisors</b> Occupation <b>President--Southern Divison</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 / 65
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) FRANCISCO GUIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1930937317806
Mailing Address 9130 South Dadeland Blve Suite 1400		Amount of Each Receipt this Period 30.00
City Miami State FL Zip Code 33156	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors Occupation Vice President-South Florida Branch	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) KEVIN RODIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1930937417806
Mailing Address 1633 Broadway		Amount of Each Receipt this Period 40.00
City New York State NY Zip Code 10019	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
Name of Employer AXA Advisors Occupation SVP---NY Metro Branch	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL LUCEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1930937517806
Mailing Address 325 Essjay Street Suite 308		Amount of Each Receipt this Period 50.00
City Williamsville State NY Zip Code 14221	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors Occupation VP---Buffalo Branch	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 65  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
ANTONETTE GAMBINI

Mailing Address 5 Revere Drive  
Suite 400

City Northbrooke State IL Zip Code 60062

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

Name of Employer AXA Advisors Occupation VP--Director of Financial Planning, Ch

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt  /  /   
**Transaction ID:** PR1930937717806

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
L JAY COLE

Mailing Address 3161 W. White Oaks Drive  
Suite 102

City Springfield State IL Zip Code 62704

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt  /  /   
**Transaction ID:** PR1930937917806

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
BRIAN URIE

Mailing Address 2925 Cottonwood Parkway  
Suite 430

City Salt Lake City State UT Zip Code 84121

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

Name of Employer AXA Advisors Occupation VP---Salt Lake City Branch

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt  /  /   
**Transaction ID:** PR1931780217806

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 65
	<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. SHELDON SEIDENFELD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR1932297917806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer AXA Financial	Occupation VP---Controllers	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) <b>B. JEREMY GOLDSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5435 Corporate Drive		<b>Transaction ID: PR1932298117806</b>
City State Zip Code Troy MI 48098	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Monthly)	
Name of Employer AXA Advisors	Occupation VP--Great Lakes Br	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DI MORA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 120 Madison Street		<b>Transaction ID: PR1937997217806</b>
City State Zip Code Syracuse NY 10202	Amount of Each Receipt this Period _____ 165.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$165.00 Monthly)	
Name of Employer AXA Advisors	Occupation EVP---Syracuse Branch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1485.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	_____ <b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 65
	<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. DONALD SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1938536417806
Mailing Address 1555 Poydras Street Suite 2000		Amount of Each Receipt this Period 160.00
City State Zip Code New Orleans LA 70112	FEC ID number of contributing federal political committee. C	P/R Deduction (\$160.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation EVP--New Orleans Br.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN KIRKSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2018165317806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00
City State Zip Code new York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation SVP--Chief Diversity Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. RONALD LOMBARDI</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2058662417806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 20.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation AVP--Retail Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARY BRADACH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2058751017806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer AXA Advisors	Occupation VP--Field Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) <b>B. KEITH NAMIOT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2058751217806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer AXA Financial	Occupation VP--MPD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) <b>C. M. KATHLEEN ADAMSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10840 Ballantyne Commons Pkwy		<b>Transaction ID: PR2091717417806</b>
City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period _____ 70.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$70.00 Bi-Weekly)	
Name of Employer AXA Financial	Occupation SVP---NOC Center Head	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A. CAROL FRACASSO</b> Full Name (Last, First, Middle Initial) Mailing Address 10840 Ballantyne Commons Pkwy City State Zip Code Charlotte NC 28277		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2099618217806 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation AVP-NOC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B. RUTH SHORTER</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 11762		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2120033617806 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation AVP----Law Dept.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C. MATTHEW BERMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2123491117806 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation VP---Strategic Initiatives	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ERIC RETZLAFF</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2123665317806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Distributors	Occupation SVP--Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. RORY LEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2123665417806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation SVP---401 (K)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL JACKMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2126790617806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation VP--Strategic Initiatives	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) KIRBY NOEL Mailing Address 413 Autumn Lake Trail City Franklin State TN Zip Code 37067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR2126790817806 Amount of Each Receipt this Period 70.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Distributors Occupation SVP---Nat'l Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) NICHOLAS HUTH Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR2127524117806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation VP & Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MILLA LERNER Mailing Address 1290 Avenue of the Americas City New York State NY Zip Code 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR2143923317806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation AVP--Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 65
	<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. SUN MOON</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2143923917806</b>
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial	Occupation VP & Counsel	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS RAY</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2143924017806</b>
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer AXA Financial	Occupation AVP & Counsel	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. IRINA GYRLA</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2148792017806</b>
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer AXA Advisors	Occupation AVP	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 / 65
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) STEVEN VIGNERON Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2154384517806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation VP--HR Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PATRICK WALSH Mailing Address 5 Revere Drive Suite 400 City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163331417806 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors Occupation VP--Chicago Branch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT DE VITA Mailing Address 1415 West 22nd Street Suite 330 City State Zip Code Oak Brook IL 60523 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163331917806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors Occupation VP---District Manager---Chicago Branch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. PAUL CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163339317806
Mailing Address 1415 West 22nd Street		Amount of Each Receipt this Period 30.00
City State Zip Code Oak Brook IL 60523	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors	Occupation VP----Chicago--Oak Brook	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD ORR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163339517806
Mailing Address 1415 West 22nd Street Suite 330		Amount of Each Receipt this Period 80.00
City State Zip Code Oak Brook IL 60523	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors	Occupation VP---Northern Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. PIERRE PAJAK</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163712317806
Mailing Address 1415 West 22nd Street Suite 330		Amount of Each Receipt this Period 30.00
City State Zip Code Oak Brook IL 60523	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors	Occupation VP---Chicago	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 / 65
<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) TERRANCE WOODFIELD Mailing Address 325 Essjay Road City State Zip Code Williamsville NY 14221 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164290917806 Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors Occupation VP---Buffalo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ALEXANDER HENN Mailing Address 120 Madison Street Suite 1900 City State Zip Code Syracuse NY 13202 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164291017806 Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Monthly)
Name of Employer AXA Advisors Occupation VP---Divisional--Syracuse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JONATHAN KRUGER Mailing Address 185 Asylum Street City State Zip Code Hartford CT 06103-3401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164291717806 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer AXA Partners Occupation VP---Divisional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 65
	<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. DOUGLAS EVERETT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164789817806
Mailing Address One SW Columbia Street Suite 1550		Amount of Each Receipt this Period 165.00
City Portland State OR Zip Code 97258	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$165.00 Monthly)
Name of Employer AXA Advisors Occupation EVP--Branch Mgr---Portlan	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1155.00		

Full Name (Last, First, Middle Initial) <b>B. GEORGETTE GELLER-PETRO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164789917806
Mailing Address 1266 East Main Street		Amount of Each Receipt this Period 80.00
City Stamford State CT Zip Code 06902	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors Occupation EVP--Branch Mgr--Conn	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) <b>C. BRENT ROPER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2164790017806
Mailing Address 5005 LBJ Freeway Suite 900		Amount of Each Receipt this Period 50.00
City Dallas State TX Zip Code 75244	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors Occupation Executive Director--Advantage Group	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MARIAN SOLE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2170750517806
Mailing Address 185 Asylum Street		Amount of Each Receipt this Period 70.00
City State Zip Code Hartford CT 06106	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer AXA Partners	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MITCHELL WEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2170755017806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation SVP---CTO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JOEL TIETZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2170755217806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial	Occupation VP----Chief Privacy Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A. SEAN BENSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR2170755517806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation AVP---AXA Way Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>B. TIMOTHY MAGUIRE</b> Full Name (Last, First, Middle Initial) Mailing Address 40 Monument road City State Zip Code Bala Cynwyd PA 19004 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR2170755617806</b> Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 Monthly)
Name of Employer AXA Advisors Occupation EVP---Northeast Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>C. WILLIAM MAHER</b> Full Name (Last, First, Middle Initial) Mailing Address 1290 Avenue of the Americas City State Zip Code New York NY 10104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR2170755817806</b> Amount of Each Receipt this Period 30.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Financial Occupation VP---Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOHN MACLANE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2170755917806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer AXA Financial Occupation VP---Treasurers	Aggregate Year-to-Date ▼ _____ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHARLENE LIU</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2174865217806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer AXA Financial Occupation AVP--Principal Developer --IT	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MICHEL PERRIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1290 Avenue of the Americas		<b>Transaction ID: PR2176757617806</b>
City State Zip Code New York NY 10104	Amount of Each Receipt this Period _____ 70.00	
FEC ID number of contributing federal political committee. <b>C</b> _____	P/R Deduction (\$70.00 Bi-Weekly)	
Name of Employer AXA Financial Occupation SVP---Actuarial	Aggregate Year-to-Date ▼ _____ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) PETER GOLDEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2176757717806
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 330.00
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. C	P/R Deduction (\$330.00 Bi-Weekly)
Name of Employer AXA Distributors	Occupation VP--Divisional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2475.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ADAM BRUNNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2176757917806
Mailing Address 325 Essjay Road Siute 308		Amount of Each Receipt this Period 50.00
City State Zip Code Williamsville NY 14221	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer AXA Advisors	Occupation AVP----DM Buffalo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b> Full Name (Last, First, Middle Initial) WALTER SMALL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2179363017806
Mailing Address 405 Lake Valley Drive		Amount of Each Receipt this Period 330.00
City State Zip Code Franklin TN 37069	FEC ID number of contributing federal political committee. C	P/R Deduction (\$330.00 Bi-Weekly)
Name of Employer AXA Distributors	Occupation VP---Divisional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	710.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 65
	<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. ELLIOTT LUNNING</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2179363217806
Mailing Address 6435 Shiloh Rd. Ste C		Amount of Each Receipt this Period 30.00
City Alpharetta	State GA	Zip Code 30005
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer AXA Advisors	Occupation AVP---Director of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. KATHY DEREN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2179363317806
Mailing Address 10290 Alliance Road		Amount of Each Receipt this Period 30.00
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer U S Fiancial Life	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MARSHA BRENTLINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2179581717806
Mailing Address 5291 Ironwood Lane		Amount of Each Receipt this Period 60.00
City Plainfield	State IN	Zip Code 46168
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer AXA Partners	Occupation VP--Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) NINA POUGIOUKLIDIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2179582017806	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 70.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		
		P/R Deduction (\$70.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) CARMEN MOOR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2180751317806	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 30.00	
City State Zip Code New York NY 1014	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial	Occupation VP---Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) KAREN BAIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2180751717806	
Mailing Address 1290 Avenue of the Americas		Amount of Each Receipt this Period 40.00	
City State Zip Code New York NY 10104	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AXA Financial	Occupation VP--Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
		P/R Deduction (\$40.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 65	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 JOHN KENNEDY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

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

Name of Employer Occupation  
 AXA Distributors SVP--Nat'l Sales Mgr-BD Channel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

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

**Transaction ID: PR2187649017806**

Amount of Each Receipt this Period  
 70.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11502.80</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Reed Committee**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Jack Reed

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

Transaction ID: 26615324

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Menendez For Senate**

Mailing Address P.O. Box 848

City Union City State NJ Zip Code 07087

Purpose of Disbursement  
Void - Menendez For Senate

011  
Category/  
Type

Candidate Name  
Robert Menendez

Office Sought:  House  Senate  President  
State: NJ District: 13  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Primary

Transaction ID: 26615465

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Menendez For Senate

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address 109 Pitkin St.

City East Hartford State CT Zip Code 06108

Purpose of Disbursement  
Void - Larson For Congress

011  
Category/  
Type

Candidate Name  
Rep. John Larson

Office Sought:  House  Senate  President  
State: CT District: 1  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼  
2004 Primary

Transaction ID: 26615328

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Larson For Congress

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

-1000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 65

<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.** ARM PAC

Mailing Address 1300 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Void - ARM PAC

Candidate Name  
Rep. Thomas DeLay

Office Sought:  House  
 Senate  
 President

State: TX District:

Disbursement For: 2002  
 Primary  General  
 Other (specify) ▼  
2002 Primary

Transaction ID: 26616132

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - ARM PAC

011  
Category/  
Type

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

-1000.00

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

-2000.00