

# 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

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer James Zemaite

Signature of Treasurer Electronically Filed by James Zemaite Date 04 06 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		164156.02
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	171922.34									
(c) Total Receipts (from Line 19) .....	13510.25	43776.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	185432.59	207932.59								
7. Total Disbursements (from Line 31) .....	21165.00	43665.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	164267.59	164267.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	7765.25	17775.25
(i) Itemized (use Schedule A) .....	4745.00	25001.32
(ii) Unitemized .....	12510.25	42776.57
(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) .....	12510.25	42776.57
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 .....	1000.00	1000.00
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)) .....	13510.25	43776.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13510.25	43776.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	43500.00
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 .....	165.00	165.00
(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)) .....	165.00	165.00
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))..	21165.00	43665.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21165.00	43665.00

**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 .....	12510.25	42776.57
34. Total Contribution Refunds (from Line 28(d)) .....	165.00	165.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12345.25	42611.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Grassley Committee		Date of Receipt																					
	Mailing Address 355 Lexington Ave. Ste 1001		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	0		2	0	0	9														
	City State Zip Code New York NY 10017		<b>Transaction ID:</b> 29599053																					
FEC ID number of contributing federal political committee. <b>C</b> C00230482		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 1000.00																						
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<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) JAMES SCHLESINGER	Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2009
	Mailing Address 5 Revere Drive Suite 400	<b>Transaction ID:</b> 29645659
	City Northbrook State IL Zip Code 60062-1566	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totaling \$165.00 This changes the YTD Total to \$16-5.00
	Name of Employer AXA Advisors, LLC Occupation EVP-BM Chicago	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 165.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ALVIN FENICHEL	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018371121643
	City New York State NY Zip Code 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer AXA Financial, Inc. Occupation SVP & CHIEF ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD SILVER	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 1290 Ave. of the Americas	<b>Transaction ID:</b> PR1018380221643
	City New York State NY Zip Code 10104-0101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
	Name of Employer AXA Financial, Inc. Occupation EVP & GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ALLEN ZABUSKY</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>525 WASHINGTON BOULEVARD</b>		<b>Transaction ID: PR1018383021643</b>
	City <b>JERSEY CITY</b>	State <b>NJ</b>	Zip Code <b>07310-1606</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>70.00</b>
	Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP &amp; CONTROLLER</b>	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>245.00</b>		

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LUIS GABRIEL CHIAPPY</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>9130 SOUTH DADELAND BLVD. SUITE 1400</b>		<b>Transaction ID: PR1018385321643</b>
	City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33156-7818</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
	Name of Employer <b>AXA Advisors, LLC</b>	Occupation <b>District Manager</b>	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>		

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HUGO CASTRO</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>9130 S. DADELAND BLVD SUITE 1400</b>		<b>Transaction ID: PR1018388721643</b>
	City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33156-7818</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
	Name of Employer <b>AXA Advisors, LLC</b>	Occupation <b>District Manager</b>	P/R Deduction (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>		

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAVE HATTEM</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 Ave. of the Americas</b>		<b>Transaction ID: PR1018390821643</b>
	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104-0101</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>70.00</b>
	Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP &amp; DEP GEN COUNSEL</b>	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>245.00</b>		

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WENDY COOPER</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 Ave. of the Americas</b>		<b>Transaction ID: PR1018390921643</b>
	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10104-0101</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>70.00</b>
	Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>SVP &amp; ASSOC. GENERAL COUNSEL</b>	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>245.00</b>		

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHARLES MARINO</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 Avenue of Americas</b>		<b>Transaction ID: PR1018396621643</b>
	City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10104</b>
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>150.00</b>
	Name of Employer <b>AXA Financial, Inc.</b>	Occupation <b>EVP AND CHIEF ACTUARY</b>	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>525.00</b>		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31  
(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)  
DAVID KARR

Mailing Address 40 MONUMOUNT ROAD

City State Zip Code  
BALA CYNWYD PA 19004-1737

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018399621643

Amount of Each Receipt this Period  
165.00

P/R Deduction (\$165.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM DEGNAN

Mailing Address 1290 Acenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018402821643

Amount of Each Receipt this Period  
70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
DAVID KAM

Mailing Address 1290 Ave. of the Americas

City State Zip Code  
New York NY 10104-0101

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018406221643

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**ANNE KATCHER**  
 Mailing Address **1290 Avenue of the Americas**  
 City **NEW YORK** State **NY** Zip Code **10104-0101**  
 Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
**Transaction ID: PR1018408221643**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$70.00 Bi-Weekly)  
 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 245.00

**B.** Full Name (Last, First, Middle Initial)  
**TED BEAL, Sr**  
 Mailing Address **333 Thornall Street 8th**  
 City **Edison** State **NJ** Zip Code **08837-2220**  
 Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
**Transaction ID: PR1018409021643**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$150.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **AXA Advisors** Occupation **EVP Branch Manager**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 450.00

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE DIAMANTIS**  
 Mailing Address **3348 Peachtree Rd Suite 860**  
 City **Atlanta** State **GA** Zip Code **30326-1067**  
 Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
**Transaction ID: PR1018409321643**  
 Amount of Each Receipt this Period 81.25  
 P/R Deduction (\$81.25 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **AXA Advisors, LLC** Occupation **President--Advantage Group**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 243.75

**SUBTOTAL** of Receipts This Page (optional) ..... 301.25  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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) <b>JOHN PASSANANTI</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1415 W 22nd Street Suite 330</b>	<b>Transaction ID: PR1018411321643</b>
	City <b>Oakbrook</b> State <b>IL</b> Zip Code <b>60523</b>	Amount of Each Receipt this Period <b>165.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$165.00 Monthly)
	Name of Employer <b>AXA Advisors, LLC</b> Occupation <b>EVP--Chicago Branch</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>495.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARY BETH FARRELL</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 Ave. of the Americas</b>	<b>Transaction ID: PR1018413621643</b>
	City <b>New York</b> State <b>NY</b> Zip Code <b>10104-0101</b>	Amount of Each Receipt this Period <b>150.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$150.00 Bi-Weekly)
	Name of Employer <b>AXA Advisors</b> Occupation <b>EVP &amp; VICE CHAIR - AXA ADVISORS</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>525.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHRISTOPHER CONDRON</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 Ave. of the Americas</b>	<b>Transaction ID: PR1018415621643</b>
	City <b>New York</b> State <b>NY</b> Zip Code <b>10104-0101</b>	Amount of Each Receipt this Period <b>384.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$384.00 Bi-Weekly)
	Name of Employer <b>AXA Financial, Inc.</b> Occupation <b>CHAIRMAN &amp; CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1344.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>699.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31  
(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)  
ROBERT WOODCOCK

Mailing Address 855 ROUTE 146

City State Zip Code  
CLIFTON PARK NY 12065-3890

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

Name of Employer AXA Advisors, LLC Occupation Branch Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018417721643

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER NOONAN

Mailing Address 12377 MERIT DRIVE SUITE 1500

City State Zip Code  
DALLAS TX 75251-2224

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

Name of Employer AXA Advisors, LLC Occupation District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018418321643

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
WAYNE DIX

Mailing Address 1290 Ave. of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Advisors Occupation SVP - SERVICE DELIVERY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1018421121643

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31  
(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)  
JEFFREY GREEN

Mailing Address 4251 Crums Mill Road

City Harrisburg State PA Zip Code 17112-2824

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

Name of Employer AXA Advisors Occupation SVP - AXA NETWORK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR1745984521643

Amount of Each Receipt this Period 330.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT SANSONE

Mailing Address 100 Madison Street 8th fl

City Syracuse State NY Zip Code 13202-2723

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

Name of Employer AXA Advisors, LLC Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR1746094421643

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD DZIADZIO

Mailing Address 1290 Avenue of the Americas

City New York State NY Zip Code 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation EVP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR1774717321643

Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **610.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<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) BARBARA GOODSTEIN		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR1904689221643
	City State Zip Code New York NY 10104-0101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
	Name of Employer AXA Financial, Inc.	Occupation EVP - CHIEF MARKETING & INNOVATION OFF	P/R Deduction (\$150.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KEVIN MURRAY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1290 Avenue of the Americas		<b>Transaction ID:</b> PR1904689321643
	City State Zip Code New York NY 10104-0101	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
	Name of Employer AXA Financial, Inc.	Occupation EVP & CHIEF INFORMATION OFFICER	P/R Deduction (\$150.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH BARNETT II		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 6455 Shiloh Rd. STE D		<b>Transaction ID:</b> PR1907711421643
	City State Zip Code Alpharetta GA 30005-8353	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 70.00
	Name of Employer AXA Advisors	Occupation AVP--ADVISORS LEARNING GROUP	P/R Deduction (\$70.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31  
(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)  
SUSAN LAVALLEE

Mailing Address 100 MADISON STREET

City State Zip Code  
SYRACUSE NY 13202-2723

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

Name of Employer AXA Financial, Inc. Occupation SVP - SERVICE DELIVERY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: PR1907711521643

Amount of Each Receipt this Period 70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ANTOINE NAJJAR

Mailing Address 525 WASHINGTON BOULEVARD

City State Zip Code  
JERSEY CITY NJ 07310-1606

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

Name of Employer AXA Financial, Inc. Occupation MANAGING DIRECTOR - AXA TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: PR1908082821643

Amount of Each Receipt this Period 70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
GARY HIRSCHKRON

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Partners Occupation SVP - AXA Partners

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: PR1908083321643

Amount of Each Receipt this Period 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31  
(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)  
JAMES MULLERY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Advisors Occupation SENIOR VICE PRESIDENT - ANNUITY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1916397521643

Amount of Each Receipt this Period  
70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
KEVIN MOLLOY

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Financial, Inc. Occupation SVP - DISTRIBUTION FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1916440721643

Amount of Each Receipt this Period  
70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL MCCARTHY

Mailing Address 6 Ayer Court

City State Zip Code  
West Chester PA 19382-6793

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

Name of Employer AXA Distributors, LLC Occupation SVP--NATIONAL SALES MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR1919303921643

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<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) MARK NEELY		Date of Receipt
	Mailing Address 1675 Broadway Suite1700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Denver	State CO	Zip Code 80202-4675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1923645421643
	Amount of Each Receipt this Period		<input type="text" value="165.00"/>
Name of Employer AXA Advisors, LLC		Occupation EVP	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="495.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOEL ALBERT		Date of Receipt
	Mailing Address 2399 Highway 34 Suite C-2		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Manasquan	State NJ	Zip Code 08736-1500
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1923670621643
	Amount of Each Receipt this Period		<input type="text" value="165.00"/>
Name of Employer AXA Advisors		Occupation EVP--Manasquan Branch	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="495.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROSS FERRIN		Date of Receipt
	Mailing Address 1675 Broadway Suite 1700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Denver	State CO	Zip Code 80202-4675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1926422621643
	Amount of Each Receipt this Period		<input type="text" value="165.00"/>
Name of Employer AXA Advisors		Occupation EVP---Denver	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="495.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="495.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<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) DROR NIR		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1633 Broadway		<b>Transaction ID:</b> PR1926422821643
	City New York	State NY	Zip Code 10019-6708
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA Advisors, LLC	Occupation EVP---NY Metro	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) RYAN BECK		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2825 E. Cottonwood Pkwy Suite 430		<b>Transaction ID:</b> PR1926905221643
	City Salt Lake City	State UT	Zip Code 84121-7055
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA Advisors	Occupation EVP---BM Salt Lake City	P/R Deduction (\$165.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) TIMOTHY MACKIE		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 5435 Corporate Drive Suite 100		<b>Transaction ID:</b> PR1926905321643
	City Troy	State MI	Zip Code 48098-2608
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer AXA Advisors	Occupation EVP--BM Great Lakes Branch	P/R Deduction (\$100.00 Monthly)
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>430.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<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) JAMES MELLIN		Date of Receipt
	Mailing Address 111 E. Kilbourn St Suite 800		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Milwaukee	State WI	Zip Code 53202-6633
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1928263321643
	Name of Employer AXA Advisors		Occupation EVP Wisconsin Branch
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="165.00"/>	
		Aggregate Year-to-Date ▼	P/R Deduction (\$165.00 Monthly)
		<input type="text" value="495.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH DI MORA		Date of Receipt
	Mailing Address 120 Madison Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Syracuse	State NY	Zip Code 13202-2821
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1937997221643
	Name of Employer AXA Advisors		Occupation EVP---Syracuse Branch
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="165.00"/>	
		Aggregate Year-to-Date ▼	P/R Deduction (\$165.00 Monthly)
		<input type="text" value="495.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONALD SMITH		Date of Receipt
	Mailing Address 1555 Poydras Street Suite 2000		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City New Orleans	State LA	Zip Code 70112-3701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1938536421643
	Name of Employer AXA Advisors		Occupation EVP - NEW ORLEANS BRANCH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="80.00"/>	
		Aggregate Year-to-Date ▼	P/R Deduction (\$80.00 Monthly)
		<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="410.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 31  
(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

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)  
M. KATHLEEN ADAMSON

Mailing Address 10840 BALLANTYNE PKWY

City State Zip Code  
CHARLOTTE NC 28277

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

Name of Employer AXA Financial, Inc. Occupation SVP - CHARLOTTE OPERATIONS CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR2091717421643

Amount of Each Receipt this Period  
70.00

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

**B.** Full Name (Last, First, Middle Initial)  
KIRBY NOEL

Mailing Address 413 Autumn Lake Trail

City State Zip Code  
Franklin TN 37067-2693

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

Name of Employer AXA Distributors, LLC Occupation SVP---NATIONAL SALES MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR2126790821643

Amount of Each Receipt this Period  
70.00

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

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

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** PR2148756021643

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
GEORGETTE GELLER

Mailing Address 1266 East Main Street

City State Zip Code  
Stamford CT 06902-3529

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

Name of Employer Occupation  
AXA Advisors EVP--Branch Mgr--Conn

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR2164789921643

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

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

Mailing Address 89 SCOTT SWAMP ROAD

City State Zip Code  
Farmington CT 06032-2805

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

Name of Employer Occupation  
AXA Partners SVP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR2170750521643

Amount of Each Receipt this Period

70.00

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

**C.**

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

Mailing Address 40 Monument road

City State Zip Code  
Bala Cynwyd PA 19004-1737

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR2170755621643

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 31  
(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)  
MICHEL PERRIN

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: PR2176757621643  
Amount of Each Receipt this Period: 70.00  
P/R Deduction (\$70.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
PETER GOLDEN

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Distributors, LLC Occupation Divisional VP - ADL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: PR2176757721643  
Amount of Each Receipt this Period: 330.00  
P/R Deduction (\$330.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
WALTER SMALL

Mailing Address 405 Lake Valley Drive

City State Zip Code  
Franklin TN 37069-4662

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: PR2179363021643  
Amount of Each Receipt this Period: 330.00  
P/R Deduction (\$330.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **730.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 31  
(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)  
WILLIAM MILLER JR., JR.

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0101

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

Name of Employer AXA Distributors, llc Occupation SVP--Chief Sales Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR2179561921643

Amount of Each Receipt this Period 70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MITCHELL WATERS JR, JR.

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0012

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

Name of Employer AXA Distributors, LLC Occupation SVP - National Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR2228713121643

Amount of Each Receipt this Period 70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM MCDERMOTT

Mailing Address 1290 Avenue of the Americas

City State Zip Code  
New York NY 10104-0012

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

Name of Employer AXA Financial, Inc. Occupation EVP - CORPORATE MARKETS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** PR2228715221643

Amount of Each Receipt this Period 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 31
	<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) <b>MICHAEL GREGG</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 AVENUE OF THE AMERICAS</b>	<b>Transaction ID: PR2244556121643</b>
	City State Zip Code <b>NEW YORK NY 10104-0101</b>	Amount of Each Receipt this Period <b>70.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Distributors, LLC</b> Occupation <b>SVP - WHOLESALE DISTRIBUTION</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOANNE PIETRINI-SMITH</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 AVENUE OF THE AMERICAS</b>	<b>Transaction ID: PR2245177321643</b>
	City State Zip Code <b>NEW YORK NY 10104-0101</b>	Amount of Each Receipt this Period <b>70.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Partners</b> Occupation <b>SVP &amp; COO - AXA PARTNERS</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JEFFREY COOMES</b>	Date of Receipt MM / DD / YYYY <b>03 / 31 / 2009</b>
	Mailing Address <b>1290 AVENUE OF THE AMERICAS</b>	<b>Transaction ID: PR2245275321643</b>
	City State Zip Code <b>NEW YORK NY 10104-0101</b>	Amount of Each Receipt this Period <b>70.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AXA Distributors, INC.</b> Occupation <b>VP - WEB CONTENT STRATEGY</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>245.00</b>	P/R Deduction (\$70.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 31
	<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) M MICHAEL ROONEY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 11845 W. OLYMPIC #1100		<b>Transaction ID:</b> PR2246778221643
	City LOS ANGELES	State CA	Zip Code 90064-1149
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA Advisors, LLC	Occupation EVP - LOS ANGELES MARKETING CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00	P/R Deduction (\$165.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) DILLAN MICUS		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 14851 N. Scottsdale Rd Suite 103		<b>Transaction ID:</b> PR2247853621643
	City Scottsdale	State AZ	Zip Code 85254-2790
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA Advisors, LLC	Occupation EVP--Scottsdale AZ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00	P/R Deduction (\$165.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) KEVIN DAYTON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 155 PINELAWN ROAD		<b>Transaction ID:</b> PR2258541321643
	City MELVILLE	State NY	Zip Code 11747-3245
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 165.00
	Name of Employer AXA FINANCIAL, INC	Occupation DISTRICT MANAGER - BARBER BRANCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00	P/R Deduction (\$165.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 31
	<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) JANET ELIE	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 80 SCOTT SWAMP ROAD	<b>Transaction ID:</b> PR2263126121643
	City State Zip Code FARMINGTON CT 06032-2847	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$330.00 Bi-Weekly)
	Name of Employer AXA Distributors, LLC Occupation RVP - ADL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1155.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER WINANS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1290 AVENUE OF THE AMERICAS	<b>Transaction ID:</b> PR2364190921643
	City State Zip Code NEW YORK NY 10104-0101	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer AXA Financial, Inc. Occupation SVP - EXTERNAL AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY FERNALD	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 10840 BALLANTYNE COMMONS PARKWAY	<b>Transaction ID:</b> PR2369237021643
	City State Zip Code CHARLOTTE NC 28277-2492	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$70.00 Bi-Weekly)
	Name of Employer AXA Financial, Inc. Occupation SVP - CHIEF UNDERWRITING OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>470.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7765.25</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Grassley Committee <hr/> Mailing Address 355 Lexington Ave. Ste 1001 <hr/> City New York State NY Zip Code 10017 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	<b>Transaction ID:</b> 29492373 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 11	<b>Transaction ID:</b> 29492375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Kosmas For Congress <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Suzanne Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 24	<b>Transaction ID:</b> 29507875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Peters For Congress Mailing Address PO Box 226 City Bloomfield Hills State MI Zip Code 48303 Purpose of Disbursement Candidate Name Rep. Gary Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29507942 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Kilroy For Congress Mailing Address 550 East Walnut Street Ste 305 City Columbus State OH Zip Code 43215 Purpose of Disbursement Candidate Name Rep. Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29507980 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Continuing A Majority Political Action Committee Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29542476 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ACLI PAC</p> <p>Mailing Address 101 Constitution Ave., NW Suite 700</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 29579835</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	2	4	/	2	0	0	9												
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Financial Services Roundtable PAC</p> <p>Mailing Address 1001 Pennsylvania Avenue N.W. Suite 500 South</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name The Financial Services Roundtable PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 29579841</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	2	4	/	2	0	0	9												
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 25</p>	<p><b>Transaction ID:</b> 29581122</p> <p>Date of Disbursement  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	2	5	/	2	0	0	9												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">11000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px;">21000.00</div>

**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 31 / 31

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JAMES SCHLESINGER

Transaction ID: 29492378

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Mailing Address 5 Revere Drive  
Suite 400

City Northbrook State IL Zip Code 60062-1566

Amount of Each Disbursement this Period

165.00
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Purpose of Disbursement

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

165.00
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TOTAL This Period (last page this line number only) ..... ▶

165.00
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