

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Equitable Holdings, Inc. Political Action Committee (Equitable PAC)

ADDRESS (number and street)

1290 Avenue of the Americas

☐ (Check if address is changed)

New York

CITY ▲

NY

STATE ▲

10104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

deirdra.hunter@equitable.com

Optional Second E-Mail Address

Michael.Cole@equitable.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
02 / 10 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00161901

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Raju, Robin, , ,

Signature of Treasurer Raju, Robin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 10 / 2020

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: ☐ House ☐ Senate ☐ President State District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C	_____
2.	_____	FEC ID number	C	_____
3.	_____	FEC ID number	C	_____
4.	_____	FEC ID number	C	_____

Write or Type Committee Name

Equitable Holdings, Inc. Political Action Committee (Equitable PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

AXA Equitable Life Insurance Company

Mailing Address

1290 Avenue of the Americas

New York

CITY

NC

STATE

28216

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

, Deirdra, , , Hunter

Mailing Address

8501 IBM Dr.

Charlotte

CITY

NC

STATE

28262

ZIP CODE

Title or Position

Manager, Corporate T

Telephone number

980

308

8522

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Raju, Robin, , ,

Mailing Address

1290 Avenue of the Americas

15th FL

New York

CITY

NY

STATE

10104

ZIP CODE

Title or Position
Treasurer

Telephone number

212

314

4189

Full Name of
Designated
Agent

Cole, Michael, , ,

Mailing Address

8501 IBM Dr.

Charlotte

CITY

NC

STATE

28269

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

704

341

7039

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

J.P. Morgan Chase Bank, N.A.

Mailing Address

4 New York Plaza

13th Floor

New York

CITY

NY

STATE

10004-2413

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Change of PAC Name, Change of Assistant Treasurer, Change Custodian of Record, and Change of email addresses.

Form/Schedule:

Transaction ID: