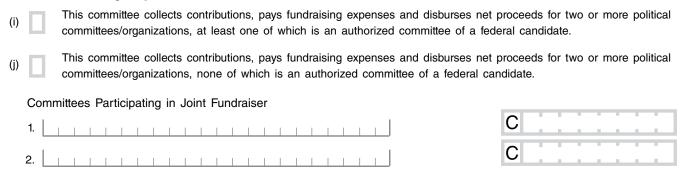
FEC FORM 1		_		-			Office U	PAGE 1 / 5 —
1. NAME OF COMMITTEE (in	full)	(Check if is change		xample:If typing, ver the lines.	type	12FE4M	15	
Equitable Ho	oldings,	Inc. Politica	al Action	Committee	e (Equi	itable P	AC)	
ADDRESS (number ar	nd street)	1345 Avenue of the	Americas					
<ul> <li>(Check if a is changed</li> </ul>								
		New York				LNY STATE ▲	10105	ZIP CODE▲
COMMITTEE'S E-MA	IL ADDRES	SS						
<ul><li>(Check if a is changed</li></ul>		bobby.goslin@eq	uitable.com					
		Optional Second I	E-Mail Address					
COMMITTEE'S WEB	ddress	PRESS (URL)						
2. DATE 03	M / D 18	2024						
3. FEC IDENTIFIC	ation NU	MBER 🕨	<b>C</b> C00161	901				
4. IS THIS STATEM	1ENT	NEW (N)	OR	× AMENDE	ED (A)			
I certify that I have e	xamined thi	s Statement and to	the best of m	y knowledge and	l belief it is	s true, corre	ct and com	plete.
Type or Print Name of	of Treasurer	Zusslin, Julien, , N	lr.,					
Signature of Treasure	r Zussli	n, Julien, , Mr.,			[	Date	)3 <sup>/</sup> 1	8 / Y Y Y Y 2024
NOTE: Submission of t	false, errone	ous, or incomplete ir ANY CHANGE IN	-					ties of 52 U.S.C. §301
Office Use Only				For further info Federal Election Toll Free 800-42 Local 202-694-1	Commissior 4-9530			C FORM 1 vised 06/2012)

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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 can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State strict
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	<ul> <li>(d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC):</li> <li>(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)</li> </ul>	
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	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 function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



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V	Vrite 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
	Equitable Holdings, Inc.	

Mailing Address	1345 Avenue of the Americas		
	New York		10105
	CITY A	STATE A	ZIP CODE
Relationship: X Connected	Organization Affiliated Organization	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.

Goslin, Rot	pert, , Mr.,				
Full Name					
Mailing Address	8501 IBM Dr.				
	Suite 150				
	Charlotte			NC 28262	
		CITY A		STATE A	ZIP CODE
Title or Position ▼					
Director, Corporate			Telephone nur	mber 704 – [	341 - 7103

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	Zusslin, Julien, , Mr.,
Mailing Address	1345 Avenue of the Americas
	New York         NY         10105
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	<b>7</b>
Head of Derivative	es Telephone number = = = 6285

Full Name of

Mailing Address

Title or Position **v** Director, Corporate

Designated Agent

FEC	Form	1	(Revised	02/2009)
			(11001000	00,000,

Goslin, Robert, , ,

8501 IBM Dr.

Charlotte

Suite 150, ME430 

CITY **▲** 

										Pag	je 4	4	

NC

STATE 🔺

Telephone number

704

28262

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	NY	10004-2413
	CITY ▲	STATE ▲	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE

ZIP CODE 🔺

7103

341

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Change of Custodian of record. Change of Custodian of record & Treasurer.

Form/Schedule: Transaction ID: