Image# 202103119440466168				03/11/2021 09.04
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 6
			Off	ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
The Hartford Financia	al Services Group, Ind			
ADDRESS (number and street)	One Hartford Plaza			
(Check if address is changed)	HO-1-11			
	Hartford │		CT 061: STATE ▲	55-0001 − ZIP CODE ▲
			STATE	
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 		Fund.GA@thehartford.cor	n 	
	Optional Second E-Mail Ad	dress e.com		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	1			
2. DATE 03 0	D / Y Y Y Y 1 2021			
3. FEC IDENTIFICATION N	UMBER 🕨 🕻 C c	00168864		
-				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	er Niderno, Allison, G, ,			
Signature of Treasurer	rno, Allison, G, ,	[Electronically Filed]	Date 03	D D / Y Y Y Y 11 2021
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

03/11/2021 09:04

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	omplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	
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 c	onnected organization is
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 committee. (i.e., nonconnected committee)	segregated fund or part
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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

The Hartford Financial Services Group, Inc. PAC (AKA THE HARTFORD ADVOCATES FUND)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

The Hartford Financial Ser	vices Group, Inc. Federal PAC	(AKA HARTFOR	ADVOCATES	FEDERAL FUND)
Mailing Address	One Hartford Plaza			
	HO-1-11			
	Hartford		CT 06155	5-
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization X Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor
7. Custodian of Records: Iden	ify by name, address (phone number	optional) and positio	n of the person in	possession of committee

 Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Hansen, La	aurie, A., ,																					
Full Name																						
Mailing Address	3 Sylvan St																					
									1													
	Avon										C	т Ш		0	600)1-2	2229	} ⊥] -			
Title or Position			CITY	(S	STAT	E					ZII	ΡC	COD)E		
Custodian of Records						Те	leph	one	nı	ımb	er	L	86	60			54	7			487	′3

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	Niderno, Allison, G, ,
Mailing Address	124 Deerwood Rd
	Tolland
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 860 297 6954

Full Name of Designated Agent	Kennedy, William, Andrew, ,	
Mailing Address	62 Chardonnay Ln	
	Tolland CT 06084-2623 - - -	

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.

Bank	of America		
Mailing Address	70 Farmington Ave.		
	Hartford	CT 06115	
	CITY	STATE	ZIP CODE
Name of Bank, Depository	; etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

: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 :

Amended to disclose new treasurer and assistant treasurer.

Form/Schedule: Transaction ID:

FFC	Form	1 S	(Revised	02/2017)
I LO	1 01111	10	(LIEVISEU	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor The Hartford Financial Services Group, Inc.

The Harlord Financial Bervices Broup, inc.							
Mailing Address	1 Hartford Plz						
	Hartford			CT 061	55-0001		
Relationship:		CITY A		STATE A	ZIP CODE		
× Connected 0	Organization Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor		

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name						
Mailing Address						
TITLE OR POSITION	7	CITY A	STATE A	ZIP CODE		
Telephone Number - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -						

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.																																
Mailing Address	L																															
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		CITY 🔺													STATE A							ZIP CODE										