Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Hartford Financial Services Group, Inc. Federal PAC (AKA HARTFORD ADVOCATES FEDERAL FUND) One Hartford Plaza ADDRESS (number and street) HO-1-11 (Check if address is changed) Hartford 06155-CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS HartfordAdvocatesFund.GA@thehartford.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00511444 FEC IDENTIFICATION NUMBER > 3. X 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. Niderno, Allison, G,, Type or Print Name of Treasurer Niderno, Allison, G,, [Electronically Filed] 03 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye z				
Can	ndidate	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 information below.)						
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(Daniel and the				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name	e	
The Hartford Financial S	ervices Group, Inc. Federal PAC (AKA HARTFORD ADVOCATES FE	DERAL FUND)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
The Hartford Financial	Services Group, Inc. PAC (AKA THE HARTFORD ADVOCA	TES FUND)
Mailing Address	One Hartford Plaza	
	HO-1-11	
	Hartford CT 06155-0001	
	CITY STATE ZII	P CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Hansen, L	aurie, A., ,	1
Full Name	1 Hartford Plz	
Mailing Address		
	Hartford , CT , 06155-0001	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records		7 4873
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Niderno, A of Treasurer	Illison, G, ,	
Mailing Address	1 Hartford Plz	
	Hartford CT 06155-0001	
Title or Position	CITY STATE ZIF	CODE
Treasurer		7 6954

FEC Form	m 1 (Ravisad	0.2/2000)								Pag	o 4
rec for i	m 1 (Revised	0 2 1 2 0 0 9)								rag	e 4
Full Name of Designated Agent	Kennedy, V	Villiam, Andrev	J, ,								
Mailing Address		1 Hartford Pla	z 								
		Hartford				СТ		06155-	0001	-	
			CITY	,		STATE	_		ZIP	CODE	
Title or Position Assistant Treas	surer				Telephone	e number	86	60	547		8969
Banks or Other safety deposit be			ks or other dep	positories in v	vhich the cor	mmittee dep	03113 11	anus, noi	us acc	ounts,	rents
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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to disclose change of treasurer and assistant treasurer.

Form/Schedule: Transaction ID:

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

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Page ____ **of** ____

Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	pries: List all bank aintains funds.	ss or other depositories in whi	Telephone Number	ts funds, holds accounts, rents
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all bank aintains funds.	s or other depositories in whi	•	ts funds, holds accounts, rents
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all bank aintains funds.	s or other depositories in whi	•	ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or m	ories: List all banks aintains funds.	s or other depositories in whi	•	ts funds, holds accounts, rents
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION		I	1	
	▼	CITY A	STATE A	ZIP CODE ▲
			1 1 . 1	1 , , , . 1_1
Mailing Address				
Full Name	1			
	y by name, addres	ss (phone number – optional)		
X Connecte	d Organization	Affiliated Committee Jo	pint Fundraising Represent	tative Leadership PAC Spon
Relationship:		CITY A	STATE A	ZIP CODE A
	Hartford		CT	06155-0001
Mailing Address	1 Hartford Plz			
Name of Any Connected The Hartford Fina	_		ndraising Representativ	re, or Leadership PAC Sponso
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