Only

## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. NASSAU FINANCIAL GROUP PAC (NFG PAC) ONE AMERICAN ROW ADDRESS (number and street) (Check if address is changed) **HARTFORD** 06102 CT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address scaligiuri@nfg.com is changed) Optional Second E-Mail Address kdavis@hdlfec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00168203 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. Type or Print Name of Treasurer Caligiuri, Sam S.F., , Caligiuri, Sam S.F., , , Date 04 24 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	Form 1 (Revised 03/2022)	Page 2					
	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 information below.)	ne candidate					
	Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate President	State District					
	c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.0					
	Name of Candidate						
	Party Committee:						
	d) This committee is a (National, State (Democrati	c, ı, etc.) Party					
	Political Action Committee (PAC):						
	e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:					
	Corporation Corporation w/o Capital Stock Labor C	Organization					
	Membership Organization Trade Association Cooper						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)						
	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 P.	AC).					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	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.						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Committees Participating in Joint Fundraiser						
	1C						

Treasurer

	_			_				
	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>				
V	Vrite or Type Committee Name		DA 0)					
_	NASSAU FINANCIAL GROUP PAC (NFG PAC)							
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	Nassau Financial Gro	Jup 						
	Mailing Address	One American Row						
		Hartford	CT	06102				
		CITY ▲	STATE 4	ZIP CODE ▲				
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Represer	ntative Leadership PAC Sponso				
			Ŭ I					
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
	Caligiuri, Sa	am S.F., , ,						
	Full Name							
	Mailing Address	One American Row						
		Hartford	CT	06102				
		CITY ▲	STATE A	ZIP CODE ▲				
	Title or Position ▼	G., 1 =	0.7.1.2 =	Z.II				
	Treasurer		Telephone number	860   - 403   - 5000				
8.	<b>Treasurer:</b> 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 Caligiuri, So	am S.F., , ,						
	Mailing Address	One American Row						
		Hartford	CT	06102				
		CITY ▲	STATE A	ZIP CODE ▲				
	Title or Position ▼							

860

Telephone number

403

5000

FEC	Form 1 (Revised 02/2	009)				Page <b>4</b>			
Full Nam Designate Agent									
Mailing A	ddress								
	L								
			CITY A		STATE A	ZIP CODE ▲			
Title or F	osition <b>▼</b>								
				Telephone numb	oer L				
	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	Name of Bank, Depository, etc.								
	Webster Ba	ınk							
Mailing A	Idress	35 Asylum Street							
	l <sub>H</sub>	artford		1	CT	06103			
			CITY A		STATE A	ZIP CODE ▲			
Name of	Name of Bank, Depository, etc.								
Mailing A	ldress								
	L								
			CITY A	5	STATE A	ZIP CODE ▲			