



ROSS MILLER
 Secretary of State
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SECRETARY OF STATE
 ELECTIONS DIVISION

1722

State of Nevada
Committee for Political Action
(PAC)
 Registration Form
 Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

New Registration PAC (Advocating Passage or Defeat of a Ballot Question)

Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))

Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply

Change Name
 Previous Name of PAC

Other:

Name of Committee: Telephone:

The Hartford Financial Services Group, Inc. PAC (aka the Hartford Advocates Fund) (860) 547-5000

Mailing Address:

One Hartford Plaza Hartford CT 06155
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

Committee formed as a means for members of The Hartford's solicitable employee class to impact the political process, including supporting Nevada nonfederal candidates and committees as permitted by state law.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

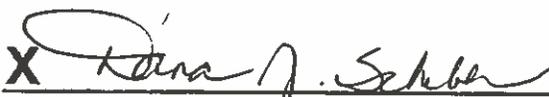
Name of Registered Agent: Telephone:

Dana J. Schebler (702) 395-5528

Mailing Address:

5136 Red Glory Drive Las Vegas NV 89130
 Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

 Date:

Signature of Registered Agent 1/12/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

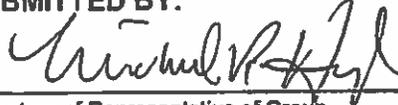
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:

 Street Name, Number City State Zip Code

SUBMITTED BY:


 Signature of Representative of Group

Date:

Telephone: