

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street) CNA PLAZA - CORPORATE TAX (24S)  
 Check if different than previously reported. (ACC)  
CHICAGO IL 60685

2. **FEC IDENTIFICATION NUMBER** C00078287  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of IL

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen E. Melchert

Signature of Treasurer Electronically Filed by Karen E. Melchert Date 12 11 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45484.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	6154.30									
(c) Total Receipts (from Line 19) .....	5116.04	91967.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11270.34	137452.26								
7. Total Disbursements (from Line 31) .....	2021.22	128203.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9249.12	9249.12								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3835.48	54593.24
(i) Itemized (use Schedule A) .....	1280.56	37374.10
(ii) Unitemized .....	5116.04	91967.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5116.04	91967.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5116.04	91967.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5116.04	91967.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21.22	203.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21.22	203.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	72500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	500.00	55500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2021.22	128203.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2021.22	128203.14

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5116.04	91967.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5116.04	91967.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.22	203.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21.22	203.14

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Ablett		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10186	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Insurance Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.37	

<b>B.</b> Full Name (Last, First, Middle Initial) George Agyen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10187	
City State Zip Code Chicago IL 60655		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.69	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Anway		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10191	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 7 / 39
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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Michael Baumel</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10196	
City State Zip Code Chicago IL 60604	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 291.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Darci Beacom</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10197	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 458.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jacquelyne Belcastro</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10198	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 391.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	125.01
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial) <b>A. Charles Boesel</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10202	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) <b>B. Larry Boysen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10205	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.86		

Full Name (Last, First, Middle Initial) <b>C. Patty Bridger</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10207	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 604.18		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. James Casimir</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.10211
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) <b>B. Ronald Casner</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.10212
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>C. Bruce Cluskey, q</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.10216
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Michael Coffey</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10217	
City Chicago	State IL	Amount of Each Receipt this Period 26.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		

Full Name (Last, First, Middle Initial) <b>B. Charles Colburn</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10219	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37		

Full Name (Last, First, Middle Initial) <b>C. Terry Cosgrove</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10220	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	109.34
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Kathleen Cunning</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10223	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Insurance Executive	Aggregate Year-to-Date ▼ 687.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Heather Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10224	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 687.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Antonio Depadua</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10226	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 687.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	187.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A.</b> John Devereux		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10229	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bonnie Diehl		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10230	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Dunlop		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10232	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Steven Earley</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10234	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Warren Edwards</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10235	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) <b>C. Diane Ferro</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10239	
City State Zip Code Chicago IL 60604		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Michael Fitzgerald

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.10241

Amount of Each Receipt this Period  
 62.50

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Fusco

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.10245

Amount of Each Receipt this Period  
 90.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Brian Granstrand

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.10250

Amount of Each Receipt this Period  
 25.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	177.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Robert Grob</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10251	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Timothy Hagen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10252	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 458.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Timothy Haggerty</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10253	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	91.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 / 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Hall		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10254	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Insurance Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Hall		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10255	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Insurance Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lisa Harrell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10257	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	97.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Dennis Hemme

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10259

Amount of Each Receipt this Period  
41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Hides

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10263

Amount of Each Receipt this Period  
25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
William Johnston

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 391.69

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10268

Amount of Each Receipt this Period  
41.67

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel Jordan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10269	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Keith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10270	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

Full Name (Last, First, Middle Initial) <b>C.</b> Susan Kelly		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10272	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Michael Komoll

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.10278

Amount of Each Receipt this Period  
25.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Koza

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.10279

Amount of Each Receipt this Period  
25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Heather Libby

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.10285

Amount of Each Receipt this Period  
25.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Peter Lies

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10286

Amount of Each Receipt this Period  
41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Wendy Lynn

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10291

Amount of Each Receipt this Period  
41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joseph Manero

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10293

Amount of Each Receipt this Period  
25.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Robert Mann</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10294	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. William McEnery</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10298	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 458.37		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michael McEwen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10299	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Marilou McGirr

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10300

Amount of Each Receipt this Period  
41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Craig Meadors

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10303

Amount of Each Receipt this Period  
35.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Karen E. Melchert

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10304

Amount of Each Receipt this Period  
25.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	101.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Stephen Menke</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10305	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.69		

Full Name (Last, First, Middle Initial) <b>B. Craig Mense</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10307	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74		

Full Name (Last, First, Middle Initial) <b>C. William Morgan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10311	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. James Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10312	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 458.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Timothy Morse</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10313	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 541.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William Nachtsheim</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10318	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 687.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Neuenschwander</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10319	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date ▼ 458.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Frederic Nieman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10321	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 458.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Robert Nienaber</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10322	
City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	123.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. James O'Malley</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10324	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>B. Lawrence Pagliaro</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10328	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. Sarah Pang</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10329	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. David Perry</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10331	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37		

Full Name (Last, First, Middle Initial) <b>B. William Phillips</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10337	
City Chicago	State IL	Amount of Each Receipt this Period 30.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>C. Fred Piertopola</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10338	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	113.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 916.74

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10340

Amount of Each Receipt this Period  
83.34

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Richard Pye

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10341

Amount of Each Receipt this Period  
41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Ramsdell

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
11 / 15 / 2006

Transaction ID: SA11A1.10343

Amount of Each Receipt this Period  
25.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Mark Reilly</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10346	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Insurance Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mary Ribikawskis</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10348	
City State Zip Code Chicago ID 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Melville Sampson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10351	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew Shapiro		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10356
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Ken Simmons		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10358
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>C.</b> Teresa Smiley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10359
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. David Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10360	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.69		

Full Name (Last, First, Middle Initial) <b>B. Ralph Soletti</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10364	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.69		

Full Name (Last, First, Middle Initial) <b>C. Ronald Stegeman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10366	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Stillman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10369	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Stuttman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10371	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C.</b> John Tatum		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10374	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Throm

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10376

Amount of Each Receipt this Period  
25.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Traczyk

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 435.69

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10379

Amount of Each Receipt this Period  
41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Marie Usher

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. **C**

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: SA11A1.10381

Amount of Each Receipt this Period  
41.67

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	108.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Vankley</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.10384</b>
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) <b>B. Russell Viater</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.10385</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Penny Wand</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.10390</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	101.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Westman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10394	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 687.50	

Full Name (Last, First, Middle Initial) <b>B. Joe Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10396	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.10397	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Tad Womack</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.10398</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

Full Name (Last, First, Middle Initial) <b>B. John Wurzler</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.10402</b>
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3835.48

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 39

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Shore Bank</b>		Transaction ID: SB21B.10414	
Mailing Address 7936 S. Cottage Grove		Date of Disbursement 10 / 31 / 2006	
City Chicago	State IL	Zip Code 60619	Amount of Each Disbursement this Period 21.22
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ..... ▶

21.22

TOTAL This Period (last page this line number only) ..... ▶

21.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 38 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. BRALEY FOR CONGRESS</b>		Transaction ID: SB23.10419																					
Mailing Address PO Box 390		Date of Disbursement																					
City Waterloo State IA Zip Code 50704		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	7	/	2	0	0	6														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: IA District: 01		Category/Type																					

Full Name (Last, First, Middle Initial) <b>B. PENNSYLVANIANS FOR KANJORSKI</b>		Transaction ID: SB23.10404																					
Mailing Address 103 South Hanover Street		Date of Disbursement																					
City Nanticoke State PA Zip Code 18634		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	7	/	2	0	0	6														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: PA District: 11		Category/Type																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

<b>1500.00</b>
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**TOTAL** This Period (last page this line number only) ..... ►

<b>1500.00</b>
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. Tim Schaffer for Ohio Senate</b>		<b>Transaction ID: SB29.10410</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 1173 Stone Run Court		Amount of Each Disbursement this Period 500.00	
City Lancaster State OH Zip Code 43130	Purpose of Disbursement Contribution Candidate Name Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

500.00

**TOTAL** This Period (last page this line number only) ..... ►

500.00