

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 _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 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 07 10 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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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; border-collapse: collapse;"><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	19594.94									
(c) Total Receipts (from Line 19)	53600.84	65013.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73195.78	110498.66								
7. Total Disbursements (from Line 31)	34826.88	72129.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38368.90	38368.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	36707.38	37147.40
(i) Itemized (use Schedule A)	16893.46	27866.34
(ii) Unitemized	53600.84	65013.74
(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)	53600.84	65013.74
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))	53600.84	65013.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53600.84	65013.74

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	76.88	129.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	76.88	129.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	49000.00
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.....	3750.00	23000.00
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))..	34826.88	72129.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34826.88	72129.76

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)	53600.84	65013.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53600.84	65013.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	76.88	129.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76.88	129.76

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 / 68
	<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

A. Full Name (Last, First, Middle Initial) Roger Ablett Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8463 Amount of Each Receipt this Period 41.67 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 ▼ 208.35		

B. Full Name (Last, First, Middle Initial) Roger Ablett Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.8960 Amount of Each Receipt this Period 41.67 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 ▼ 250.02		

C. Full Name (Last, First, Middle Initial) Amy Adams Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8464 Amount of Each Receipt this Period 500.00 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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	583.34
TOTAL 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 7 / 68
	<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) A. Michael Anway		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8472
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Michael Anway		Date of Receipt MM / DD / YYYY 06 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8964
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Daniel Auslander		Date of Receipt MM / DD / YYYY 04 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8322
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	183.34
TOTAL 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 / 68
	<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) A. Dennis Barger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8897	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Patricia Barkdoll		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8476	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Darci Beacom		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8483	
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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional) ▶	791.67
TOTAL 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 9 / 68
	<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) A. Darci Beacom		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8970	
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 ▼ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thor Beveridge		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8912	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Insurance Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Larry Boysen		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8332	
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 Occupation CNA Executive	Aggregate Year-to-Date ▼ 333.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	625.01
TOTAL 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 / 68
	<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)
Larry Boysen

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 ▼ 395.86

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.8492

Amount of Each Receipt this Period
62.50

Contribution

B. Full Name (Last, First, Middle Initial)
Larry Boysen

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 ▼ 458.36

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

Transaction ID: SA11A1.8977

Amount of Each Receipt this Period
62.50

Contribution

C. Full Name (Last, First, Middle Initial)
John Brand

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 ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.8493

Amount of Each Receipt this Period
750.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL 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 / 68
<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) Patty Bridger Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8496 Amount of Each Receipt this Period 62.50 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 ▼ 229.18		

B. Full Name (Last, First, Middle Initial) Patty Bridger Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.8979 Amount of Each Receipt this Period 62.50 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 ▼ 291.68		

C. Full Name (Last, First, Middle Initial) Ronald Casner Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8506 Amount of Each Receipt this Period 41.67 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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional)	166.67
TOTAL 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 / 68
	<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)
Ronald Casner

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 ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11A1.8984

Amount of Each Receipt this Period
41.67

Contribution

B. Full Name (Last, First, Middle Initial)
Cherie Coffey

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8516

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Charles Colburn

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 ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8520

Amount of Each Receipt this Period
41.67

Contribution

SUBTOTAL of Receipts This Page (optional)	383.34
TOTAL 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 / 68
<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) Charles Colburn Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.8991 Amount of Each Receipt this Period 41.67 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 ▼ 250.02		

B. Full Name (Last, First, Middle Initial) Michael Colliau Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8521 Amount of Each Receipt this Period 400.00 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 ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Cameron Cook Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8522 Amount of Each Receipt this Period 300.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	741.67
TOTAL 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 / 68
	<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) A. Linda Core		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8850	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	Contribution	

Full Name (Last, First, Middle Initial) B. Michael Coyne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8851	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	Contribution	

Full Name (Last, First, Middle Initial) C. Kathleen Cunning		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8341	
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		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 ▼ 250.00	Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	1362.50
TOTAL 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 15 / 68
	<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) A. Kathleen Cunning		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8529	
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 Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50		

Full Name (Last, First, Middle Initial) B. Kathleen Cunning		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8995	
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 Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Heather Davis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8342	
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	187.50
TOTAL 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 / 68
<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) Heather Davis Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8530 Amount of Each Receipt this Period 62.50 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 ▼ 312.50		

B. Full Name (Last, First, Middle Initial) Heather Davis Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.8996 Amount of Each Receipt this Period 62.50 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 ▼ 375.00		

C. Full Name (Last, First, Middle Initial) Antonio Depadua Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.8343 Amount of Each Receipt this Period 62.50 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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	187.50
TOTAL 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 / 68
	<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) A. Antonio Depadua		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8532
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 312.50	

Full Name (Last, First, Middle Initial) B. Antonio Depadua		Date of Receipt MM / DD / YYYY 06 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8998
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 375.00	

Full Name (Last, First, Middle Initial) C. John Devereux		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8536
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL 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 / 68
<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) A. John Devereux		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9001	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Ken Devries		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8894	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Terry Dinterman		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8538	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL 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 / 68
	<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) A. Angela DiVito		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8539	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. C. M. Dower		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8906	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Warren Edwards		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8546	
City Chicago	State IL	Amount of Each Receipt this Period 42.00	
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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	792.00
TOTAL 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 / 68
	<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) A. Warren Edwards		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9007	
City Chicago	State IL	Zip Code 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	Aggregate Year-to-Date ▼ 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gregg Effner		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8547	
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 ▼ 208.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Connie Eggleston		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8854	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	583.67
TOTAL 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 / 68
	<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) A. David Fennell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8553	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	Contribution	

Full Name (Last, First, Middle Initial) B. Michael Fitzgerald		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8354	
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		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 ▼ 250.00	Contribution	

Full Name (Last, First, Middle Initial) C. Michael Fitzgerald		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8561	
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		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 ▼ 312.50	Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL 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 / 68
	<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 ▼ 375.00

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

Transaction ID: SA11A1.9014

Amount of Each Receipt this Period
 62.50

Contribution

B. Full Name (Last, First, Middle Initial)
Daniel Fortin

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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.8907

Amount of Each Receipt this Period
 750.00

Contribution

C. Full Name (Last, First, Middle Initial)
Janet Frank

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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.8908

Amount of Each Receipt this Period
 500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1312.50
TOTAL 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 / 68
	<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) A. Michael Fusco		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8355	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
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 ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Michael Fusco		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8567	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
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 ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Michael Fusco		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9017	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
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 ▼ 540.00		

SUBTOTAL of Receipts This Page (optional) ▶	270.00
TOTAL 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 / 68
<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) A. Connie Gianakas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8857	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Golden		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9022	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 999.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dawn Griffin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8577	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1999.00
TOTAL 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 / 68
	<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) A. Lynn Gugenheim		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8896	
City Chicago	State IL	Amount of Each Receipt this Period 750.00	
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Michael Haas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8580	
City Chicago	State IL	Amount of Each Receipt this Period 750.00	
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Timothy Hagen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8581	
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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional) ▶	1541.67
TOTAL 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 / 68
	<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) A. Timothy Hagen		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9027	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) B. Victoria Hallock		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8861	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60604		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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. James Harms		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8865	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	841.67
TOTAL 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 27 / 68
	<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) A. Dennis Hemme		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8591	
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 ▼ 208.35		

Full Name (Last, First, Middle Initial) B. Dennis Hemme		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9034	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) C. Patricia Hurston		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8601	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	583.34
TOTAL 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 / 68
	<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) A. Jamison Ihrke		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8602	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Steven Jones		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8606	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Jonathan Kantor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8909	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL 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 / 68
	<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) A. Karen Knight		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8620	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Kocaj		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8868	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 666.68		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Lori Komstadius		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8870	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL 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 / 68
	<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) A. Mark Kruse		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8911	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Carla Kambric Lammers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8628	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. John Landenberger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8631	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL 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 / 68
	<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) A. Wendy Landenberger		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8632
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Hillary Lewis		Date of Receipt MM / DD / YYYY 05 / 01 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8872
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 333.36	

Full Name (Last, First, Middle Initial) C. James Lewis		Date of Receipt MM / DD / YYYY 05 / 01 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8873
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL 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 / 68
<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) Peter Lies Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8640 Amount of Each Receipt this Period 41.67 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		

B. Full Name (Last, First, Middle Initial) Peter Lies Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.9063 Amount of Each Receipt this Period 41.67 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 ▼ 250.02		

C. Full Name (Last, First, Middle Initial) Stephen Lilienthal Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.8874 Amount of Each Receipt this Period 1000.00 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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1083.34
TOTAL 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 / 68
	<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) A. Brian Loebach		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8644	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gail Long		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8741	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Insurance Occupation Executive	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Wendy Lynn		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8649	
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 ▼ 208.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	841.67
TOTAL 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 / 68
	<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)
Wendy Lynn

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 ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11A1.9068

Amount of Each Receipt this Period
41.67

Contribution

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

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8656

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Glen Mangold

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8659

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	641.67
TOTAL 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 / 68
	<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) A. William McEnery		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8669	
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 ▼ 208.35		

Full Name (Last, First, Middle Initial) B. William McEnery		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9075	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) C. Marilou McGirr		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8671	
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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional) ▶	125.01
TOTAL 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 36 / 68
	<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) A. Marilou McGirr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9077	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) B. Craig Mense		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8399	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
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 ▼ 333.36		

Full Name (Last, First, Middle Initial) C. Craig Mense		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8679	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
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 ▼ 416.70		

SUBTOTAL of Receipts This Page (optional) ▶	208.35
TOTAL 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 37 / 68
	<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) A. Craig Mense		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9083	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34	
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 ▼ 500.04	Contribution	

Full Name (Last, First, Middle Initial) B. William Morgan		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8685	
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		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 ▼ 208.35	Contribution	

Full Name (Last, First, Middle Initial) C. William Morgan		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9088	
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		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 ▼ 250.02	Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	166.68
TOTAL 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 38 / 68
	<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) A. James Morris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8686	
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 ▼ 208.35		

Full Name (Last, First, Middle Initial) B. James Morris		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9089	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) C. Timothy Morse		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8404	
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	145.84
TOTAL 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 39 / 68
	<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) A. Timothy Morse		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8688
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 291.67	

Full Name (Last, First, Middle Initial) B. Timothy Morse		Date of Receipt MM / DD / YYYY 06 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9090
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 333.34	

Full Name (Last, First, Middle Initial) C. David Murray		Date of Receipt MM / DD / YYYY 05 / 01 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8877
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	833.34
TOTAL 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 40 / 68
	<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) A. William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8407	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8696	
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 ▼ 312.50		

Full Name (Last, First, Middle Initial) C. William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9096	
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 ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	187.50
TOTAL 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 41 / 68
	<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) A. Linda Nash		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8878	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Lew Nathan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8879	
City Chicago	State IL	Amount of Each Receipt this Period 750.00	
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Jeffrey Neuenschwander		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8697	
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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional) ▶	1091.67
TOTAL 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 42 / 68
	<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) A. Jeffrey Neuenschwander		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9097	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) B. Frederic Nieman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8701	
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 ▼ 208.35		

Full Name (Last, First, Middle Initial) C. Frederic Nieman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9099	
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 ▼ 250.02		

SUBTOTAL of Receipts This Page (optional) ▶	125.01
TOTAL 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 43 / 68
	<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)
James O'Malley

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11A1.9102

Amount of Each Receipt this Period
40.00

Contribution

B. Full Name (Last, First, Middle Initial)
Glen Oppito

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8710

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
David Perry

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 ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8719

Amount of Each Receipt this Period
41.67

Contribution

SUBTOTAL of Receipts This Page (optional)	581.67
TOTAL 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 44 / 68
	<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) A. David Perry		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9109	
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 ▼ 250.02		

Full Name (Last, First, Middle Initial) B. Cathy Pierce		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8729	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Fred Piertopola		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8730	
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 ▼ 208.35		

SUBTOTAL of Receipts This Page (optional) ▶	383.34
TOTAL 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 45 / 68
	<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)
Fred Piertopola

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 ▼ 250.02

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

Transaction ID: SA11A1.9116

Amount of Each Receipt this Period
 41.67

Contribution

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

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 ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.8419

Amount of Each Receipt this Period
 83.34

Contribution

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

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 ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.8732

Amount of Each Receipt this Period
 83.34

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	208.35
TOTAL 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 46 / 68
	<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) A. Thomas Pontarelli		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9118	
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 ▼ 500.04		

Full Name (Last, First, Middle Initial) B. Richard Pye		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8736	
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) C. Richard Pye		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9119	
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 ▼ 250.02		

SUBTOTAL of Receipts This Page (optional) ▶	166.68
TOTAL 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 47 / 68
	<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) A. Robert Rice		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8748	
City Chicago	State IL	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Louis Roberts		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8749	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Vicky Russell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8883	
City Chicago	State IL	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL 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 48 / 68
	<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) A. Thomas Scott		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8762
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Michael Sehr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8885
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Andrew Shapiro		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8431
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1562.50
TOTAL 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 49 / 68
	(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) A. Andrew Shapiro		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8765
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 312.50	

Full Name (Last, First, Middle Initial) B. Andrew Shapiro		Date of Receipt MM / DD / YYYY 06 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9135
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Ken Simmons		Date of Receipt MM / DD / YYYY 05 / 14 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.8769
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		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 ▼ 208.35	

SUBTOTAL of Receipts This Page (optional)	▶	166.67
TOTAL 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 50 / 68
	<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)
Ken Simmons

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 ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11A1.9137

Amount of Each Receipt this Period
41.67

Contribution

B. Full Name (Last, First, Middle Initial)
Jerry Sliwa

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: SA11A1.8886

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Teresa Smiley

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 ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 14 / 2006

Transaction ID: SA11A1.8770

Amount of Each Receipt this Period
41.67

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	383.34
TOTAL 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 51 / 68
	(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) A. Teresa Smiley		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9138	
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 ▼ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9139	
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 ▼ 203.34		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ronald Stegeman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9144	
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 ▼ 208.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	125.01
TOTAL 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 52 / 68
	<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) A. Michelle Stegmann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8888	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mark Stephens		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8889	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 600.00		
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Thomas Stillman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8441	
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	962.50
TOTAL 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 53 / 68
	<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) A. Thomas Stillman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8784	
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	Aggregate Year-to-Date ▼ 312.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Stillman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9147	
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	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) C. Stephen Stonehouse		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8890	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL 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 54 / 68
	<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) Kathy Szur Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8793 Amount of Each Receipt this Period 300.00 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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.8794 Amount of Each Receipt this Period 41.67 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 ▼ 208.35		

C. Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.9151 Amount of Each Receipt this Period 41.67 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 ▼ 250.02		

SUBTOTAL of Receipts This Page (optional)	383.34
TOTAL 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 55 / 68
	<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) A. David Tenenbaum		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8798	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Cynthia Traczyk		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9156	
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 ▼ 227.34		

Full Name (Last, First, Middle Initial) C. Marie Usher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza		Transaction ID: SA11A1.8807	
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		

SUBTOTAL of Receipts This Page (optional) ▶	383.34
TOTAL 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 56 / 68
	<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)
Marie Usher

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 ▼ 250.02

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

Transaction ID: SA11A1.9158

Amount of Each Receipt this Period
41.67

Contribution

B. Full Name (Last, First, Middle Initial)
Kevin Vesel

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.8814

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Penny Wand

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 ▼ 210.00

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

Transaction ID: SA11A1.9167

Amount of Each Receipt this Period
35.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	376.67
TOTAL 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 57 / 68
	<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) A. Michael Warnick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8892
City Chicago	State ID	Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Stephen J. Westman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8455
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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Stephen J. Westman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.8832
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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL 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 58 / 68
	(check only one)	
<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)
Stephen J. Westman

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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: SA11A1.9171

Amount of Each Receipt this Period
62.50

Contribution

B. Full Name (Last, First, Middle Initial)
Elizabeth Wilson

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 ▼
750.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2006

Transaction ID: SA11A1.8903

Amount of Each Receipt this Period
750.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	812.50
TOTAL This Period (last page this line number only)	▶	36707.38

**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 59 / 68

<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) A. BACHMANN FOR CONGRESS		Transaction ID: SB23.8922 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address BOX 49756		Amount of Each Disbursement this Period 500.00
City BLAINE	State Zip Code MN 55449	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BILL SHUSTER FOR CONGRESS		Transaction ID: SB23.9185 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 27		Amount of Each Disbursement this Period 1000.00
City Hollidaysburg	State Zip Code PA 16648	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BRIAN BILBRAY FOR CONGRESS		Transaction ID: SB23.8935 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 2466 UNICORNIO ST		Amount of Each Disbursement this Period 1000.00
City CARLSBAD	State Zip Code CA 92009	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

**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 60 / 68

<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) A. BRIAN KENNEDY FOR CONGRESS		Transaction ID: SB23.8920 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address PO BOX 670		Amount of Each Disbursement this Period 500.00
City BETTENDORF	State IA	
Zip Code 52722		
Purpose of Disbursement Contribution Candidate Name		
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		

Full Name (Last, First, Middle Initial) B. Citizens for Baucus		Transaction ID: SB23.8931 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address PO Box 586		Amount of Each Disbursement this Period 5000.00
City Helena	State MT	
Zip Code 59624		
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District:		

Full Name (Last, First, Middle Initial) C. Citizens for Bill Hayes		Transaction ID: SB23.8949 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 5826 Beaver Run Road, SW		Amount of Each Disbursement this Period 250.00
City Pataskala	State OH	
Zip Code 43602		
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 91		

SUBTOTAL of Disbursements This Page (optional) ▶	5750.00
TOTAL This Period (last page this line number only) ▶

**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 61 / 68

<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) A. Committe to Elect David Goodman		Transaction ID: SB23.8953 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 7250 Talanth Place		Amount of Each Disbursement this Period 1000.00
City New Albany State OH Zip Code 43054	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CROWLEY FOR CONGRESS		Transaction ID: SB23.8914 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 426 C Street NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT		Transaction ID: SB23.9193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 222 W. Washington Avenue Suite 150		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

<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

A. EARL POMEROY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.8916

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

B. ERICPAC

Full Name (Last, First, Middle Initial)

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.8941

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

C. Friend of Senator Jubelirer

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Market Street, Suite 1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: SB23.8924

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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 63 / 68

<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) A. Friends of C.J. Prentiss		Transaction ID: SB23.8955 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 1711 Sagamore Drive		Amount of Each Disbursement this Period 500.00
City Euclid State OH Zip Code 44117		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Senator Brightbill Committee		Transaction ID: SB23.8957 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 742 South 80th Street		Amount of Each Disbursement this Period 1000.00
City Harrisburg State PA Zip Code 17111		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.8917 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 15283		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶

**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)

<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) A. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.8918 Date of Disbursement																				
Mailing Address P.O. Box 15283		<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>0</td><td>4</td><td></td><td>0</td><td>4</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	0	4		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	4		2	0	0	6													
City Washington	State DC	Zip Code 20003																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Candidate Name																						
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: IL	District: 11																					

Full Name (Last, First, Middle Initial) B. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.9183 Date of Disbursement																				
Mailing Address P.O. Box 1986		<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>0</td><td>6</td><td></td><td>1</td><td>6</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	0	6		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	6		2	0	0	6													
City New Britain	State CT	Zip Code 06050																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name																						
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: CT	District: 05																					

Full Name (Last, First, Middle Initial) C. JUDY BIGGERT FOR CONGRESS		Transaction ID: SB23.9181 Date of Disbursement																				
Mailing Address P.O. Box 637		<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>0</td><td>6</td><td></td><td>1</td><td>6</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	0	6		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	6		2	0	0	6													
City Hinsdale	State IL	Zip Code 60522																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name																						
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: IL	District: 13																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)

<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) A. KIRK FOR CONGRESS		Transaction ID: SB23.9180 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Manzullo for Congress		Transaction ID: SB23.8943 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. MARK KENNEDY 06		Transaction ID: SB23.8933 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO BOX 49333		Amount of Each Disbursement this Period 1000.00
City BLAINE State MN Zip Code 55449	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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

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

Full Name (Last, First, Middle Initial) A. Pennsylvania Insurance PAC		Transaction ID: SB23.8959 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 1600 Market Street Suite 1520		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19103	Purpose of Disbursement Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Charles Rangel for Congress		Transaction ID: SB23.9182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Roskam for Congress		Transaction ID: SB23.8913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 423 W. Wesley Street		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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)

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<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) A. The Chamber PAC (West Virginia State Chamber)		Transaction ID: SB23.8936
Mailing Address PO Box 2789		Date of Disbursement MM / DD / YYYY 05 / 04 / 2006
City Charleston	State WV	Zip Code 25330
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tim Schaffer for State Representative		Transaction ID: SB23.8951
Mailing Address 1173 Stone Run Court		Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
City Lancaster	State OH	Zip Code 43130
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 5		

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

31000.00

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)

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<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) A. Friends of Brant Luther		Transaction ID: SB29.8946 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 770 N. Lincoln Ave		Amount of Each Disbursement this Period 250.00
City Alliance	State OH	
Zip Code 44601		
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:		

Full Name (Last, First, Middle Initial) B. MASSACHUSETTS VICTORY FUND		Transaction ID: SB29.8939 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 430 S CAPITOL ST SE		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Zip Code 20003		
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input 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: District: 00		

Full Name (Last, First, Middle Initial) C. Ohioans for Blackwell		Transaction ID: SB29.9189 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 172 E. State Street 6th Floor		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH	
Zip Code 43215		
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	3750.00