

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) 333 S. WABASH
43rd Floor
 Check if different than previously reported. (ACC)
Chicago IL 60604

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 (12S)
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 01 01 2010 through 03 31 2010

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 10 12 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Amendment revises reporting for stop payment for disbursement to Rep Rios-Ybarra from line 15 to line 29.

Transaction ID :

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21008.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	21008.18									
(c) Total Receipts (from Line 19)	22593.37	22593.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43601.55	43601.55								
7. Total Disbursements (from Line 31)	21049.11	21049.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22552.44	22552.44								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	1725.12	1725.12
(ii) Unitemized	15868.25	15868.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17593.37	17593.37
(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)	17593.37	17593.37
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	5000.00	5000.00
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))	22593.37	22593.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22593.37	22593.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	49.11	49.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	49.11	49.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
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.....	9000.00	9000.00
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))..	21049.11	21049.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21049.11	21049.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17593.37	17593.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17593.37	17593.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49.11	49.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.11	49.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 14
(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	

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) Claire L. Cortner		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17075		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 250.02	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company		Occupation VP, Claims		
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) George R. Fay		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17076		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 250.02	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company		Occupation EVP, Claims		
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) Larry A. Haefner		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 333 S. Wabash		Transaction ID: 17077		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 250.02	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company		Occupation EVP and Chief Actuary		
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)	▶	750.06
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(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)
Jonathan D. Kantor

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company
Occupation EVP, GENL CNSL & Corp Sect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: 17078

Amount of Each Receipt this Period
250.02

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Continental Casualty Company
Occupation SVP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: 17087

Amount of Each Receipt this Period
225.00

Contribution

C. Full Name (Last, First, Middle Initial)
D. Craig Mense

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company
Occupation EVP & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: 17079

Amount of Each Receipt this Period
250.02

Contribution

SUBTOTAL of Receipts This Page (optional) ► **725.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 14	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Thomas Pontarelli		Date of Receipt																					
	Mailing Address CNA Plaza		<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	5		2	0	1	0														
	City State Zip Code Chicago IL 60685		Transaction ID: 17080																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.02																					
Name of Employer Continental Casualty Company		Occupation EVP & Chief Admin Officer																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution Aggregate Year-to-Date ▼ 250.02																						

SUBTOTAL of Receipts This Page (optional)	▶	250.02
TOTAL This Period (last page this line number only)	▶	1725.12

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 14
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Friends of Chris Dodd

Mailing Address PO Box 270701

City State Zip Code
West Hartford CT 06127

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 17127

Amount of Each Receipt this Period
5000.00

Refund Check

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**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)

<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.	Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee	Transaction ID: 17111 Date of Disbursement
	Mailing Address PO Box 703	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2500.00"/>
	Candidate Name Bill Foster	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Bob Corker for Senate	Transaction ID: 17120 Date of Disbursement
	Mailing Address PO Box 848	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2500.00"/>
	Candidate Name Bob Corker	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TN District:	

C.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr for Congress	Transaction ID: 17107 Date of Disbursement
	Mailing Address PO Box 490286	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60649	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2000.00"/>
	Candidate Name Jesse L. Jackson, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 02	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 12 / 14

<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.

Full Name (Last, First, Middle Initial)
Melissa Bean for Congress

Transaction ID: 17106

Date of Disbursement

Mailing Address PO Box 3068

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

City Barrington State IL Zip Code 60010

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2010 Primary

011
Category/ Type

Candidate Name
Melissa Luburich Bean

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 08

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12000.00

**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)

<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

A. Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon Mailing Address 5325 Ponderosa Drive City Columbus State OH Zip Code 43231 Purpose of Disbursement Nonfederal 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Justice Eva Guzman Election Campaign Mailing Address 815-A Brazos Street PMB 279 City Austin State TX Zip Code 78701 Purpose of Disbursement Nonfederal 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17113 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Justice Leslie Yates Campaign Mailing Address 1 E. Greenway Plaza Suite 225 City Houston State TX Zip Code 77046 Purpose of Disbursement Nonfederal 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17117 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 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

<p>A. Full Name (Last, First, Middle Initial) Rep. Tara Rios-Ybarra</p> <p>Mailing Address PO Box 3967</p> <p>City South Padre Island State TX Zip Code 78597</p> <p>Purpose of Disbursement Reversal 10-30-09 Contribution P10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F8581E834B925EE14B5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-1000.00</p> <p style="text-align: center;">011</p> <p>Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Scoggins for Justice</p> <p>Mailing Address 950 Sugar Ridge Road</p> <p>City Ennis State TX Zip Code 75119</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17115</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">1000.00</p> <p style="text-align: center;">011</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Texans for Rick Perry</p> <p>Mailing Address PMB 217 PO Box 2013</p> <p>City Austin State TX Zip Code 78768-2013</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17110</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">5000.00</p> <p style="text-align: center;">011</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

9000.00