

# 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  
43-S  
 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 (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 07 01 2008 through 09 30 2008

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 08 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25248.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	28691.78									
(c) Total Receipts (from Line 19) .....	17105.78	84987.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45797.56	110236.02								
7. Total Disbursements (from Line 31) .....	40035.25	104473.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5762.31	5762.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12893.82	49104.68
(i) Itemized (use Schedule A) .....	4211.96	35883.11
(ii) Unitemized .....	17105.78	84987.79
(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) .....	17105.78	84987.79
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)) .....	17105.78	84987.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17105.78	84987.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35.25	173.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	35.25	173.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	19000.00	72800.00
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.....	21000.00	31500.00
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))..	40035.25	104473.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40035.25	104473.71

**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) .....	17105.78	84987.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17105.78	84987.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.25	173.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.25	173.71

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 51

(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)  
Roger Ablett

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 ▼ 333.36

Date of Receipt M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

**Transaction ID:** SA11AI.15325

Amount of Each Receipt this Period 83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Amy Adams

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 ▼ 375.03

Date of Receipt M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.15326

Amount of Each Receipt this Period 125.01

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
George Agyen

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60655

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 ▼ 375.03

Date of Receipt M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.15327

Amount of Each Receipt this Period 125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 333.36

**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 7 / 51  
(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)  
Michael Anway

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 ▼ 487.53

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15373  
 Amount of Each Receipt this Period: 162.51  
 Contribution

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

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 ▼ 208.35

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15328  
 Amount of Each Receipt this Period: 125.01  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Darci Beacom

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15329  
 Amount of Each Receipt this Period: 125.01  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 412.53

**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 / 51  
(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)  
Jeffrey Becker

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 ▼ 308.35

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15330

Amount of Each Receipt this Period 125.01

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jacquelyne Belcastro

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 ▼ 375.03

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15331

Amount of Each Receipt this Period 125.01

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60604

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15267

Amount of Each Receipt this Period 75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.02

**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: (check only one)	PAGE 9 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Boysen		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15374
Name of Employer CNA		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 187.50
		<input type="text"/> 562.50	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Patty Bridger		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15375
Name of Employer CNA Insurance		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 187.50
		<input type="text"/> 562.50	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Bufalino		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.15332
Name of Employer CNA		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.01
		<input type="text"/> 375.03	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.01
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 / 51  
(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)  
James Casimir

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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 ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15333

Amount of Each Receipt this Period  
125.01

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Ciabattoni

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15334

Amount of Each Receipt this Period  
125.01

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bruce Cluskey, q

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 ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15335

Amount of Each Receipt this Period  
125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.03**

**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 11 / 51  
(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)  
Michael 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 ▼ 234.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15320  
Amount of Each Receipt this Period: 78.00  
Contribution

**B.** 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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15336  
Amount of Each Receipt this Period: 125.01  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Terry Cosgrove

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15337  
Amount of Each Receipt this Period: 125.01  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 328.02

**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: (check only one)	PAGE 12 / 51		
	<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

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

**A.**

Full Name (Last, First, Middle Initial) Kathleen Cunning		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11AI.15376
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.50
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 ▼ 562.50	

**B.**

Full Name (Last, First, Middle Initial) Heather Davis		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 333 S. Wabash 43rd Floor		<b>Transaction ID:</b> SA11AI.15377
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.50
Name of Employer CNA	Occupation Executive Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Day		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11AI.15268
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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 13 / 51  
(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)  
John Devereux

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID:** SA11AI.15371

Amount of Each Receipt this Period  
150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas Diacou

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID:** SA11AI.15269

Amount of Each Receipt this Period  
75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Bonnie Diehl

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID:** SA11AI.15270

Amount of Each Receipt this Period  
75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 14 / 51  
(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)  
Thomas Dunlop

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15271

Amount of Each Receipt this Period 75.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steven Earley

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15272

Amount of Each Receipt this Period 75.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Warren Edwards

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 ▼ 375.03

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15338

Amount of Each Receipt this Period 125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 275.01

**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 15 / 51

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) George Fay		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15389
		Amount of Each Receipt this Period	<input type="text" value="250.02"/>
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 ▼	
		<input type="text" value="750.06"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Diane Ferro		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15339
		Amount of Each Receipt this Period	<input type="text" value="125.01"/>
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 ▼	
		<input type="text" value="375.03"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Fitzgerald		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15378
		Amount of Each Receipt this Period	<input type="text" value="187.50"/>
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 ▼	
		<input type="text" value="562.50"/>	

**SUBTOTAL** of Receipts This Page (optional) .....

**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 16 / 51  
(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)  
Brian Frankl  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15274  
 Amount of Each Receipt this Period 75.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Fred Garrett  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15275  
 Amount of Each Receipt this Period 75.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jamie Gibbins  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15276  
 Amount of Each Receipt this Period 75.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00  
**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 17 / 51  
(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)  
Pamela Gillette

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15277

Amount of Each Receipt this Period 75.00

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15279

Amount of Each Receipt this Period 75.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Grob

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15281

Amount of Each Receipt this Period 75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**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: (check only one)	PAGE 18 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn Gugenheim		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15379
		Amount of Each Receipt this Period	<input type="text" value="187.50"/>
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 ▼	
		<input type="text" value="312.50"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Hagen		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15340
		Amount of Each Receipt this Period	<input type="text" value="125.01"/>
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 ▼	
		<input type="text" value="375.03"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy Haggerty		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15282
		Amount of Each Receipt this Period	<input type="text" value="75.00"/>
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 ▼	
		<input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="387.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 51  
(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)  
Gary Hall

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 ▼ 378.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15369  
Amount of Each Receipt this Period: 126.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Hall

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 ▼ 270.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15321  
Amount of Each Receipt this Period: 90.00  
Contribution

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

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15283  
Amount of Each Receipt this Period: 75.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 291.00

**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 20 / 51  
(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)  
Dennis Hemme

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 ▼ 562.50

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15380

Amount of Each Receipt this Period 187.50

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Hennessy

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15284

Amount of Each Receipt this Period 75.00

Contribution

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

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15285

Amount of Each Receipt this Period 75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **337.50**

**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 21 / 51  
(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)  
John Holtrup  
Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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: 09 / 15 / 2008  
Transaction ID: SA11AI.15341  
Amount of Each Receipt this Period: 125.01  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline Johnson  
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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15342  
Amount of Each Receipt this Period: 125.01  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Daniel Jordan  
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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15287  
Amount of Each Receipt this Period: 75.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.02

**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 22 / 51  
(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)  
Robert Keith  
 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 ▼ 562.50  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15381  
 Amount of Each Receipt this Period 187.50  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Susan Kelly  
 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 ▼ 375.03  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15343  
 Amount of Each Receipt this Period 125.01  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Kennemer  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15288  
 Amount of Each Receipt this Period 75.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 387.51  
**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 23 / 51

(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)  
Thomas Kocaj

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 ▼ 375.03

Date of Receipt 09 / 15 / 2008

**Transaction ID:** SA11AI.15344

Amount of Each Receipt this Period 125.01

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Michael Komoll

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 ▼ 225.00

Date of Receipt 09 / 15 / 2008

**Transaction ID:** SA11AI.15289

Amount of Each Receipt this Period 75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert Koza

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 ▼ 308.35

Date of Receipt 09 / 15 / 2008

**Transaction ID:** SA11AI.15345

Amount of Each Receipt this Period 125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 325.02

**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: (check only one)	PAGE 24 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Landenberger		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15346		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 125.01	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date 333.36		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Levins		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15291		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Heather Libby		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15293		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.01
<b>TOTAL</b> 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 25 / 51

(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)

Peter Lies

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.15347

Amount of Each Receipt this Period

125.01

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Donny Lippard

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.15382

Amount of Each Receipt this Period

187.50

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Mallon

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.15348

Amount of Each Receipt this Period

125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

437.52

**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 26 / 51  
(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)  
Joseph Manero

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15297  
 Amount of Each Receipt this Period: 75.00  
 Contribution

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

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 ▼ 562.50

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15383  
 Amount of Each Receipt this Period: 187.50  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Marilyn McGirr

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15349  
 Amount of Each Receipt this Period: 125.01  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 387.51

**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 27 / 51  
(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)  
Richard McGregor  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15350  
 Amount of Each Receipt this Period 125.01  
 Contribution  
 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 ▼ 376.35

**B.** Full Name (Last, First, Middle Initial)  
Craig Meadors  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15372  
 Amount of Each Receipt this Period 150.00  
 Contribution  
 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 ▼ 450.00

**C.** Full Name (Last, First, Middle Initial)  
Karen E. Melchert  
 Mailing Address 333 S. Wabash  
43rd Floor  
 City Chicago State IL Zip Code 60604  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15351  
 Amount of Each Receipt this Period 125.01  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Insurance Occupation Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.35

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.02  
**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 28 / 51  
(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)  
Stephen Menke  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 Date of Receipt 09 / 15 / 2008  
 Transaction ID: SA11AI.15352  
 Amount of Each Receipt this Period 125.01  
 Contribution  
 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 375.03

**B.** Full Name (Last, First, Middle Initial)  
Craig Mense  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 Date of Receipt 09 / 15 / 2008  
 Transaction ID: SA11AI.15390  
 Amount of Each Receipt this Period 250.02  
 Contribution  
 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 750.06

**C.** Full Name (Last, First, Middle Initial)  
Brian Mibus  
 Mailing Address CNA Plaza  
 City Chicago State ID Zip Code 60685  
 Date of Receipt 09 / 15 / 2008  
 Transaction ID: SA11AI.15298  
 Amount of Each Receipt this Period 75.00  
 Contribution  
 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 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.03  
**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 29 / 51  
(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)  
Christine Michals-Bucher

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15299  
Amount of Each Receipt this Period: 75.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Morgan

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 ▼ 333.36

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15353  
Amount of Each Receipt this Period: 125.01  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Timothy Morse

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 ▼ 291.68

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15300  
Amount of Each Receipt this Period: 75.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.01

**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 30 / 51  
(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)  
William Nachtsheim

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 ▼ 562.50

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15384

Amount of Each Receipt this Period 187.50

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Neuenschwander

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 ▼ 375.03

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15354

Amount of Each Receipt this Period 125.01

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Nienaber

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60604

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 ▼ 360.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.15323

Amount of Each Receipt this Period 120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 432.51

**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 31 / 51  
(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)  
James O'Malley

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 ▼ 360.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15324  
 Amount of Each Receipt this Period: 120.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence Pagliaro

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15301  
 Amount of Each Receipt this Period: 75.00  
 Contribution

**C.**

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

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15355  
 Amount of Each Receipt this Period: 125.01  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.01

**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 32 / 51  
(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)  
William Phillips

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 ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15303

Amount of Each Receipt this Period  
75.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Fred Piertropola

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 ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15356

Amount of Each Receipt this Period  
125.01

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15391

Amount of Each Receipt this Period  
250.02

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.03**

**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 33 / 51  
(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)  
Richard Pye  
 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 ▼ 375.03  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15357  
 Amount of Each Receipt this Period 125.01  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Ramsdell  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15304  
 Amount of Each Receipt this Period 75.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark J Reilly  
 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 ▼ 225.00  
 Date of Receipt 09 / 15 / 2008  
**Transaction ID:** SA11AI.15305  
 Amount of Each Receipt this Period 75.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.01  
**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 34 / 51  
(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)  
Mark L Reilly

Mailing Address CNA Plaza

City State Zip Code  
CNA Plaza IL 60604

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15306

Amount of Each Receipt this Period  
75.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mary Ribikawskis

Mailing Address CNA Plaza

City State Zip Code  
Chicago ID 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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15307

Amount of Each Receipt this Period  
75.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Melville Sampson

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15308

Amount of Each Receipt this Period  
75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**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 35 / 51  
(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)  
Matthew Sasso

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60604

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15309  
 Amount of Each Receipt this Period: 75.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Schaeffer

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15310  
 Amount of Each Receipt this Period: 75.00  
 Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael Sehr

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 ▼ 250.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** SA11AI.15385  
 Amount of Each Receipt this Period: 187.50  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.50**

**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 36 / 51  
(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)  
Andrew Shapiro

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 ▼ 562.50

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15386  
Amount of Each Receipt this Period: 187.50  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Smith

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15358  
Amount of Each Receipt this Period: 125.01  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ralph Soletti

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15361  
Amount of Each Receipt this Period: 125.01  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 437.52

**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 37 / 51  
(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)  
Michael Stapleton  
 Mailing Address 333 S. Wabash  
 City State Zip Code  
Chicago IL 60604  
 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 ▼ 312.50  
 Date of Receipt M M / D D / Y Y Y Y Y  
09 / 15 / 2008  
**Transaction ID:** SA11AI.15387  
 Amount of Each Receipt this Period 187.50  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ronald Stegeman  
 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 ▼ 375.03  
 Date of Receipt M M / D D / Y Y Y Y Y  
09 / 15 / 2008  
**Transaction ID:** SA11AI.15362  
 Amount of Each Receipt this Period 125.01  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Karen Stuttman  
 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 ▼ 375.03  
 Date of Receipt M M / D D / Y Y Y Y Y  
09 / 15 / 2008  
**Transaction ID:** SA11AI.15363  
 Amount of Each Receipt this Period 125.01  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 437.52  
**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 38 / 51  
(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)  
John Tatum

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15364

Amount of Each Receipt this Period  
125.01

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Teri Tegtman

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15313

Amount of Each Receipt this Period  
75.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15314

Amount of Each Receipt this Period  
75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.01

**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 39 / 51  
(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)  
John Tjards

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15315

Amount of Each Receipt this Period  
75.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15365

Amount of Each Receipt this Period  
125.01

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.15366

Amount of Each Receipt this Period  
125.01

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.02**

**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 40 / 51  
(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)  
Jeffrey Vankley

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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 ▼ 375.03

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15367  
Amount of Each Receipt this Period: 125.01  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Richmond Waller

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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: 09 / 15 / 2008  
Transaction ID: SA11AI.15368  
Amount of Each Receipt this Period: 125.01  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gregory Weiland

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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 ▼ 225.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: SA11AI.15317  
Amount of Each Receipt this Period: 75.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.02

**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 41 / 51  
(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)  
Stephen J. Westman  
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 Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 562.50  
Date of Receipt 09 / 15 / 2008  
Transaction ID: SA11AI.15388  
Amount of Each Receipt this Period 187.50  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joe Wolfe  
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 ▼ 225.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: SA11AI.15318  
Amount of Each Receipt this Period 75.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Wolfe  
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 ▼ 225.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: SA11AI.15319  
Amount of Each Receipt this Period 75.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 337.50  
**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 42 / 51	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Wurzler		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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	5		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.15370																			
	Chicago	IL	60604																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer CNA		Occupation Executive		<input type="text" value="126.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="378.00"/>		Contribution																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="126.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12893.82"/>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD SUITE A <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB23.15417 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS <hr/> Mailing Address 1395 C MAIN ST <hr/> City CRETE State IL Zip Code 60417 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15422 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB23.15394 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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

<b>A.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.15421 Date of Disbursement MM / DD / YYYY 08 / 28 / 2008
	Mailing Address PO Box City Batavia State IL Zip Code 60510 Purpose of Disbursement Contribution Candidate Name 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:
Amount of Each Disbursement this Period 15000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) The West Virginia Chamber PAC	Transaction ID: SB23.15424 Date of Disbursement MM / DD / YYYY 08 / 28 / 2008
	Mailing Address PO Box 2789 City Charleston State WV Zip Code 25330-2789 Purpose of Disbursement Contribution Candidate Name 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:
Amount of Each Disbursement this Period 1000.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	16000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19000.00

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chris Harris Campaign</p> <p>Mailing Address 1309A W. Abram</p> <p>City Arlington State TX Zip Code 76013</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15396 <b>Date of Disbursement</b> 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Scott</p> <p>Mailing Address 162 Hurt Street, NE</p> <p>City Atlanta State GA Zip Code 30303</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15420 <b>Date of Disbursement</b> 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dan Branch Campaign</p> <p>Mailing Address 2100 McKinney Avenue Suite 1501A</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15402 <b>Date of Disbursement</b> 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> 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 46 / 51

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dawнна Duکes Campaign <hr/> Mailing Address PO Box 14645 <hr/> City Austin State TX Zip Code 78761 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15403 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Eddie Lucio Campaign <hr/> Mailing Address PO Box 5958 <hr/> City Brownsville State TX Zip Code <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15397 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Elkins Campaign <hr/> Mailing Address 16430 Koester <hr/> City Houston State TX Zip Code 77040 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15411 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

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

1250.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Helen Giddings Campaign  Mailing Address 400 South Zang #816  City Dallas State TX Zip Code 75208  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15406 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Jerry Madden Campagin  Mailing Address 520 E Central Parkway Suite 106  City Plano State TX Zip Code 75074  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15405 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Joe Driver Campaign  Mailing Address 201 South Glenbrook  City Garland State TX Zip Code 75040  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1250.00
<b>TOTAL</b> 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 49 / 51

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mando Martinez Campaign Mailing Address 1107 W. 4th Street City Weslaco State TX Zip Code 78596 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15401 Date of Disbursement 07 / 22 / 2008
	Amount of Each Disbursement this Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) O'Connor for Supreme Court Mailing Address 211 South Fifth Street City Columbus State OH Zip Code 43202 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) ▼	Transaction ID: SB29.15413 Date of Disbursement 07 / 31 / 2008
	Amount of Each Disbursement this Period 5500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Guileen Campagin Mailing Address PO Box 430172 City Laredo State TX Zip Code 78043 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15404 Date of Disbursement 07 / 22 / 2008
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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><b>A.</b> Full Name (Last, First, Middle Initial) Stratton for Supreme Court</p> <p>Mailing Address 832 South Fifth Street</p> <p>City Columbus State OH Zip Code 43206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15414 <b>Date of Disbursement</b> 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 5500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Craddick Campaign</p> <p>Mailing Address 3108 Stanolind</p> <p>City Midland State TX Zip Code 79705</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15399 <b>Date of Disbursement</b> 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tony Goolsby Campaign</p> <p>Mailing Address 9 Cheltenham Way</p> <p>City Dallas State TX Zip Code</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.15408 <b>Date of Disbursement</b> 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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 51 / 51

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Troy Fraser Campaign Mailing Address PO Box 13243 City Austin State TX Zip Code 78711 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15395 Date of Disbursement MM / DD / YYYY 07 / 22 / 2008
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Warren Chisum Campaign Mailing Address PO Box 2061 City Pampa State TX Zip Code 79066 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15407 Date of Disbursement MM / DD / YYYY 07 / 22 / 2008
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	21000.00