

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Karen E Melchert

Signature of Treasurer Electronically Filed by Karen E Melchert Date 10 12 2010

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

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

A. Form/Schedule : **F3XA**
Transaction ID :

Amendment is filed to revise entry for stop payments for disbursements previously reported on line 15 now reflected on line 29

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21008.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	22552.44									
(c) Total Receipts (from Line 19)	47232.37	69825.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69784.81	90833.92								
7. Total Disbursements (from Line 31)	52057.55	73106.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17727.26	17727.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	31205.23	32930.35
(ii) Unitemized	16027.14	31895.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47232.37	64825.74
(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)	47232.37	64825.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47232.37	69825.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47232.37	69825.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	57.55	106.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	57.55	106.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	42000.00
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.....	22000.00	31000.00
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))..	52057.55	73106.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52057.55	73106.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47232.37	64825.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47232.37	64825.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	57.55	106.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	57.55	106.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 53
(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

<p>A. Full Name (Last, First, Middle Initial) Amy C. Adams</p> <p>Mailing Address CNA Plaza</p> <p>City Chicago State IL Zip Code 60685</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Continental Casualty Company</p> <p>Occupation VP, Financial Reporting</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.02</p>	<p>Date of Receipt 06 / 15 / 2010</p> <p>Transaction ID: 17361</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) George K. Agyen</p> <p>Mailing Address CNA Plaza</p> <p>City Chicago State IL Zip Code 60655</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Continental Casualty Company</p> <p>Occupation SVP, Field Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.36</p>	<p>Date of Receipt 06 / 15 / 2010</p> <p>Transaction ID: 17457</p> <p>Amount of Each Receipt this Period 166.68</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael P. Anway</p> <p>Mailing Address CNA Plaza</p> <p>City Chicago State IL Zip Code 60685</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Continental Casualty Company</p> <p>Occupation VP, Claims-MCU</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.02</p>	<p>Date of Receipt 04 / 15 / 2010</p> <p>Transaction ID: 17715</p> <p>Amount of Each Receipt this Period 54.17</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	304.19
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 / 53
(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 P. Anway

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Claims-MCU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.02

Date of Receipt

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

Transaction ID: 17433

Amount of Each Receipt this Period
108.34

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

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

Transaction ID: 17362

Amount of Each Receipt this Period
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Claim Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.68

Date of Receipt

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

Transaction ID: 17354

Amount of Each Receipt this Period
70.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **261.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 53
(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)
John A. Beckman

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation SVP & Chief Risk Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2010

Transaction ID: 17739

Amount of Each Receipt this Period 1000.00

Contribution

B.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation SVP & Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.68

Date of Receipt 04 / 15 / 2010

Transaction ID: 17716

Amount of Each Receipt this Period 62.50

Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation SVP & Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.68

Date of Receipt 06 / 15 / 2010

Transaction ID: 17460

Amount of Each Receipt this Period 166.68

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1229.18

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 10 / 53
(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)
Thor J. Beveridge

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation VP, Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: 17363

Amount of Each Receipt this Period 83.34

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation SVP & Corp Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 17717

Amount of Each Receipt this Period 62.50

Contribution

C. Full Name (Last, First, Middle Initial)
Lawrence Boysen

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation SVP & Corp Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 17436

Amount of Each Receipt this Period 125.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 270.84

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 11 / 53
	<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) John G. Brand		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: 17483
Name of Employer Continental Casualty Company		Occupation SVP, Underwriting	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" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Nancy Bufalino		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: 17364
Name of Employer Continental Casualty Company		Occupation SVP, Finance	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" value="83.34"/>
		<input type="text" value="250.02"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Laura Jean Burns		Date of Receipt
	Mailing Address 333 S. Wabash		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: 17398
Name of Employer Continental Casualty Company		Occupation Senior Counsel	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" value="100.00"/>
		<input type="text" value="266.68"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1183.34"/>
TOTAL 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 12 / 53
(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)
John N. Giabattoni

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer
Continental Casualty Company

Occupation
VP, Claims Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17365

Amount of Each Receipt this Period
83.34

Contribution

B.

Full Name (Last, First, Middle Initial)
Bruce E. Cluskey

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Systems Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17366

Amount of Each Receipt this Period
83.34

Contribution

C.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17367

Amount of Each Receipt this Period
83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ► **250.02**

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 13 / 53

(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)
Linda P. Core

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
Continental Casualty Comp- any VP, Client Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 17741

Amount of Each Receipt this Period
750.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Claire L. Cortner

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
Continental Casualty Comp- any VP, Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 17729

Amount of Each Receipt this Period
83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Claire L. Cortner

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
Continental Casualty Comp- any VP, Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.04

Date of Receipt

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

Transaction ID: 17461

Amount of Each Receipt this Period
166.68

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.02

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 14 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Terry Michael Cosgrove		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17368
	City Chicago	State IL	Zip Code 60604
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
	Name of Employer Continental Casualty Company	Occupation VP, Claims Strategy	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	

B.	Full Name (Last, First, Middle Initial) Kathleen Cunning		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17718
	City Chicago	State IL	Zip Code 60685
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
	Name of Employer Continental Casualty Company	Occupation SVP, Worldwide Processing Oper	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Cunning		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17437
	City Chicago	State IL	Zip Code 60685
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Continental Casualty Company	Occupation SVP, Worldwide Processing Oper	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.84
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 / 53
(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)
Heather E. Davis

Mailing Address 333 S. Wabash
43rd Floor

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company Occupation SVP, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 17719

Amount of Each Receipt this Period 62.50

Contribution

B.

Full Name (Last, First, Middle Initial)
Heather E. Davis

Mailing Address 333 S. Wabash
43rd Floor

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company Occupation SVP, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 17438

Amount of Each Receipt this Period 125.00

Contribution

C.

Full Name (Last, First, Middle Initial)
John T. Devereux

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation AVP & Actuary - Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 17403

Amount of Each Receipt this Period 100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 287.50

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 16 / 53
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Charles M. Dower

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 17742

Amount of Each Receipt this Period
300.00

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17369

Amount of Each Receipt this Period
83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Jon E. Elenius

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
AVP, Claims Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 17744

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **683.34**

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 / 53

(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)
George R. Fay

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60604

FEC ID number of contributing federal political committee. C

Name of Employer
Continental Casualty Comp- any

Occupation
EVP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
04 / 15 / 2010

Transaction ID: 17730

Amount of Each Receipt this Period
83.34

Contribution

B.

Full Name (Last, First, Middle Initial)
George R. Fay

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60604

FEC ID number of contributing federal political committee. C

Name of Employer
Continental Casualty Comp- any

Occupation
EVP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
06 / 15 / 2010

Transaction ID: 17463

Amount of Each Receipt this Period
166.68

Contribution

C.

Full Name (Last, First, Middle Initial)
David A. Fennell

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

FEC ID number of contributing federal political committee. C

Name of Employer
Continental Casualty Comp- any

Occupation
AVP, Data Modeling

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 15 / 2010

Transaction ID: 17471

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) 550.02

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 18 / 53
(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)
Diane Ferro

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 ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17370

Amount of Each Receipt this Period
83.34

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company Occupation SVP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 17484

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Connie P. Gianakas

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company Occupation VP, Environmental Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 17745

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1583.34**

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 19 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dawn K. Griffin		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: 17480
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Continental Casualty Company		Occupation	Contribution
VP, Claims		<input type="text"/> 750.00	
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) Lynne Gugenheim		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: 17720
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Continental Casualty Company		Occupation	Contribution
SVP & Deputy General Counsel		<input type="text"/> 62.50	
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 375.00	

C.	Full Name (Last, First, Middle Initial) Lynne Gugenheim		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: 17439
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Continental Casualty Company		Occupation	Contribution
SVP & Deputy General Counsel		<input type="text"/> 125.00	
Receipt For:			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 375.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 937.50
TOTAL 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 20 / 53
(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)
Larry A. Haefner

Mailing Address 333 S. Wabash

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company Occupation EVP and Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 04 / 15 / 2010

Transaction ID: 17731

Amount of Each Receipt this Period 83.34

Contribution

B.

Full Name (Last, First, Middle Initial)
Larry A. Haefner

Mailing Address 333 S. Wabash

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company Occupation EVP and Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 15 / 2010

Transaction ID: 17464

Amount of Each Receipt this Period 166.68

Contribution

C.

Full Name (Last, First, Middle Initial)
Timothy Hagen

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation VP, Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: 17371

Amount of Each Receipt this Period 83.34

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 21 / 53
(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)
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 Continental Casualty Company
Occupation Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17390

Amount of Each Receipt this Period
84.00

Contribution

B.

Full Name (Last, First, Middle Initial)
James L. Harms

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company
Occupation Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: 17746

Amount of Each Receipt this Period
750.00

Contribution

C.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company
Occupation SVP & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.68

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 17721

Amount of Each Receipt this Period
62.50

Contribution

SUBTOTAL of Receipts This Page (optional) ► **896.50**

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: (check only one)	PAGE 22 / 53
	<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) Dennis R. Hemme		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17465		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 166.68	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation SVP & Treasurer	Aggregate Year-to-Date 416.68		

B.	Full Name (Last, First, Middle Initial) Fatmire Hotza		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17747		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation VP, FP&A and Investor Rltns	Aggregate Year-to-Date 750.00		

C.	Full Name (Last, First, Middle Initial) Patricia Hurston		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17748		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation VP, Billing & Collections	Aggregate Year-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional)	▶	1666.68
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 / 53
(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)
Jacqueline A. Johnson

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
AVP, Staff Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.68

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17300

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard A. Kaminsky

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
AVP & Asst General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: 17750

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jonathan D. Kantor

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
EVP, GENL CNSL & Corp Sect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2833.36

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 17732

Amount of Each Receipt this Period
83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ► **433.34**

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 24 / 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Jonathan D. Kantor

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2833.36

Date of Receipt: 04 / 29 / 2010
Transaction ID: 17751
Amount of Each Receipt this Period: 2500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Robert P. Keith

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Employee Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 17722
Amount of Each Receipt this Period: 62.50
Contribution

C. Full Name (Last, First, Middle Initial)
Robert P. Keith

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Employee Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17440
Amount of Each Receipt this Period: 125.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► **2687.50**

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 25 / 53
(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)
Susan Kelly

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP Reinsurance Placements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.68

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17441
 Amount of Each Receipt this Period: 125.00
 Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17455
 Amount of Each Receipt this Period: 150.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Karen S. Knight

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: 17479
 Amount of Each Receipt this Period: 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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 26 / 53
(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 C. Kocaj

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17372
 Amount of Each Receipt this Period: 83.34
 Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: AVP, Enviro/Mass Tort Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.68

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17306
 Amount of Each Receipt this Period: 50.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Carol A. Kuntz

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17373
 Amount of Each Receipt this Period: 83.34
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **216.68**

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 / 53

(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)
Carla Kambric Lammers

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 ▼ 750.00

Date of Receipt

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

Transaction ID: 17481

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Seth LaMont

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
Continental Casualty Company Government Relations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt

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

Transaction ID: 17374

Amount of Each Receipt this Period

83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Hilary E. Lewis

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
Continental Casualty Company AVP & Asst General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 17754

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1133.34

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 / 53
(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)
Heather Libby

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17375

Amount of Each Receipt this Period
83.34

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Continental Casualty Company Occupation SVP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17376

Amount of Each Receipt this Period
83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Matthew Lillegard

Mailing Address CNA Center
333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Continental Casualty Company Occupation VP & Actuary - Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17377

Amount of Each Receipt this Period
83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ► **250.02**

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 29 / 53
(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)
Donny Lippard
Mailing Address 333 S. Wabash
City Chicago State IL Zip Code 60604
FEC ID number of contributing federal political committee. **C**
Name of Employer Continental Casualty Company Occupation SVP, Technology Infrastructure
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 04 / 15 / 2010
Transaction ID: 17723
Amount of Each Receipt this Period 62.50
Contribution

B. Full Name (Last, First, Middle Initial)
Donny Lippard
Mailing Address 333 S. Wabash
City Chicago State IL Zip Code 60604
FEC ID number of contributing federal political committee. **C**
Name of Employer Continental Casualty Company Occupation SVP, Technology Infrastructure
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 17442
Amount of Each Receipt this Period 125.00
Contribution

C. Full Name (Last, First, Middle Initial)
Michael E. Mallon
Mailing Address CNA Plaza
City Chicago State IL Zip Code 60685
FEC ID number of contributing federal political committee. **C**
Name of Employer Continental Casualty Company Occupation VP, Financial Svcs Oprs
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02
Date of Receipt 06 / 15 / 2010
Transaction ID: 17378
Amount of Each Receipt this Period 83.34
Contribution

SUBTOTAL of Receipts This Page (optional) ► 270.84
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 / 53
(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)
Glen R. Mangold

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
AVP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 17472

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Marilou R. McGirr

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Asset Mgmt & Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17379

Amount of Each Receipt this Period
83.34

Contribution

C. Full Name (Last, First, Middle Initial)
Craig L. Meadors

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
VP, Enterprise Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17416

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **483.34**

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 / 53
(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)
Karen E. Melchert

Mailing Address 333 S. Wabash
43rd Floor

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company
Occupation AVP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2010
Transaction ID: 17381
Amount of Each Receipt this Period 83.34
Contribution

B.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.04

Date of Receipt 04 / 15 / 2010
Transaction ID: 17733
Amount of Each Receipt this Period 83.34
Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.04

Date of Receipt 06 / 15 / 2010
Transaction ID: 17477
Amount of Each Receipt this Period 416.68
Contribution

SUBTOTAL of Receipts This Page (optional) ► 583.36

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: (check only one)	PAGE 32 / 53
	<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) William F. Morgan		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17382
	City Chicago	State IL	Zip Code 60685
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
	Name of Employer Continental Casualty Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Branch Vice President Aggregate Year-to-Date ▼ 250.02	Contribution

B.	Full Name (Last, First, Middle Initial) William H. Nachtsheim		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17724
	City Chicago	State IL	Zip Code 60685
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
	Name of Employer Continental Casualty Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP, Internal Audit Aggregate Year-to-Date ▼ 375.00	Contribution

C.	Full Name (Last, First, Middle Initial) William H. Nachtsheim		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address CNA Plaza		Transaction ID: 17443
	City Chicago	State IL	Zip Code 60685
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Continental Casualty Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP, Internal Audit Aggregate Year-to-Date ▼ 375.00	Contribution

SUBTOTAL of Receipts This Page (optional)	▶	270.84
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 / 53
(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 Neuenschwander

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Claims Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17383
 Amount of Each Receipt this Period: 83.34
 Contribution

B. Full Name (Last, First, Middle Initial)
James D. O'Malley

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP & Actuary - Reserving

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17360
 Amount of Each Receipt this Period: 80.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Raymond J. Oral

Mailing Address CNA Plaza
333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 05 / 18 / 2010
Transaction ID: 17756
 Amount of Each Receipt this Period: 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **1163.34**

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 / 53
(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)
Nancy J. Osborn

Mailing Address 333 S. Wabash

City Chicago State IL Zip Code 60604

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

Name of Employer Continental Casualty Company
Occupation Branch Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2010
Transaction ID: 17473
Amount of Each Receipt this Period 300.00
Contribution

B.

Full Name (Last, First, Middle Initial)
Sarah J. Pang

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company
Occupation SVP, Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2010
Transaction ID: 17485
Amount of Each Receipt this Period 1000.00
Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company
Occupation SVP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 06 / 15 / 2010
Transaction ID: 17466
Amount of Each Receipt this Period 166.68
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1466.68

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 / 53
(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 Pontarelli

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.04

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 17734

Amount of Each Receipt this Period
83.34

Contribution

B.

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
Continental Casualty Company
Occupation
EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.04

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17478

Amount of Each Receipt this Period
416.68

Contribution

C.

Full Name (Last, First, Middle Initial)
David J. Preissler

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company
Occupation
SVP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 17757

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.02**

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 36 / 53
(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 A. Rice

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: 17475
 Amount of Each Receipt this Period: 300.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Vicky Russell

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: VP, Environmental Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: 17482
 Amount of Each Receipt this Period: 750.00
 Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Life & Group Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: 17486
 Amount of Each Receipt this Period: 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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 37 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Andrew L. Shapiro		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: 17725
Name of Employer Continental Casualty Company		Occupation SVP, Underwriting	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 ▼ 416.68	<input type="text"/> 62.50
Contribution			

B.	Full Name (Last, First, Middle Initial) Andrew L. Shapiro		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: 17467
Name of Employer Continental Casualty Company		Occupation SVP, Underwriting	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 ▼ 416.68	<input type="text"/> 166.68
Contribution			

C.	Full Name (Last, First, Middle Initial) Kevin C. Shyne		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 19 / 2010
	City	State	Zip Code
	Chicago	ID	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: 17760
Name of Employer Continental Casualty Company		Occupation AVP, Corporate Communications	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 ▼ 300.00	<input type="text"/> 300.00
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 529.18
TOTAL 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 38 / 53
(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)
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
Continental Casualty Company

Occupation
VP, Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17384

Amount of Each Receipt this Period
83.34

Contribution

B.

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
Continental Casualty Company

Occupation
VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17385

Amount of Each Receipt this Period
83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Kerry J. Spaven

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer
Continental Casualty Company

Occupation
VP, Financial Plng & Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 17761

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **666.68**

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 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael E. Stapleton		Date of Receipt
	Mailing Address 333 S. Wabash		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: 17726
Name of Employer Continental Casualty Company		Occupation SVP, Claim Administration	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"/> 375.00	<input type="text"/> 62.50
Contribution			

B.	Full Name (Last, First, Middle Initial) Michael E. Stapleton		Date of Receipt
	Mailing Address 333 S. Wabash		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: 17444
Name of Employer Continental Casualty Company		Occupation SVP, Claim Administration	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"/> 375.00	<input type="text"/> 125.00
Contribution			

C.	Full Name (Last, First, Middle Initial) Ronald L. Stegeman		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: 17446
Name of Employer Continental Casualty Company		Occupation VP, Underwriting	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"/> 291.68	<input type="text"/> 125.00
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 312.50
TOTAL 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 40 / 53
(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)
Michelle Stegmann

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: 17763
 Amount of Each Receipt this Period: 300.00
 Contribution

B.

Full Name (Last, First, Middle Initial)
Mark K. Stephens

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation VP, Staff Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 18 / 2010
Transaction ID: 17764
 Amount of Each Receipt this Period: 500.00
 Contribution

C.

Full Name (Last, First, Middle Initial)
Karen L. Stuttman

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer Continental Casualty Company Occupation VP, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.36

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17356
 Amount of Each Receipt this Period: 66.68
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **866.68**

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 / 53
(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)
Edward James Tafe

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer: Continental Casualty Company
Occupation: SENIOR LITIGATION ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17426
 Amount of Each Receipt this Period: 100.00
 Contribution

B. 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: Continental Casualty Company
Occupation: VP, Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17386
 Amount of Each Receipt this Period: 83.34
 Contribution

C. 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 ▼
250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17387
 Amount of Each Receipt this Period: 83.34
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **266.68**

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 / 53
(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) Marie E. Usher		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17388		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation VP, Corporate Tax	Aggregate Year-to-Date 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Vankley		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17389		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation VP & Actuary - Reserving	Aggregate Year-to-Date 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mark Alan Verheyen		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: 17447		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Continental Casualty Company	Occupation VP Economic Capital Modeling	Aggregate Year-to-Date 291.68		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	291.68
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 43 / 53
(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)
Marie-Eve J. Vesel

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer: Continental Casualty Company
Occupation: AVP & Actuary - Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: 17476
 Amount of Each Receipt this Period: 300.00
 Contribution

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

Mailing Address CNA Center
333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer: Continental Casualty Company
Occupation: SVP, Field Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 06 / 15 / 2010
Transaction ID: 17468
 Amount of Each Receipt this Period: 166.68
 Contribution

C. Full Name (Last, First, Middle Initial)
Michael P. Warnick

Mailing Address CNA Plaza

City State Zip Code
Chicago ID 60685

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

Name of Employer: Continental Casualty Company
Occupation: SVP & Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: 17765
 Amount of Each Receipt this Period: 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **1466.68**

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 44 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
SVP, Corporate Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 17727

Amount of Each Receipt this Period
62.50

Contribution

B.

Full Name (Last, First, Middle Initial)
Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
SVP, Corporate Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 17448

Amount of Each Receipt this Period
125.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Peter W. Wilson

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer
Continental Casualty Company

Occupation
President & Chief Operating Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 17767

Amount of Each Receipt this Period
2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2187.50**

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 45 / 53	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) 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>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	5		2	0	1	0														
	City State Zip Code Chicago IL 60604		Transaction ID: 17449																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00																					
Name of Employer Occupation CNA Executive		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 293.00																						

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	31205.23

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee	Transaction ID: 17777 Date of Disbursement
	Mailing Address PO Box 703	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Bill Foster	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dan Coats for Indiana	Transaction ID: 17787 Date of Disbursement
	Mailing Address PO Box 301141	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Indianapolis State IN Zip Code 46230	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Daniel Coats	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin	Transaction ID: 17784 Date of Disbursement
	Mailing Address 110 King St Ste 203	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Democratic Party of Wisconsin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO Box 6545</p> <p>City Visalia State CA Zip Code 93290</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Devin G. Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 21</p>	<p>Transaction ID: 17779 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01</p>	<p>Transaction ID: 17778 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ed Royce for Congress</p> <p>Mailing Address PO Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40</p>	<p>Transaction ID: 17773 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kinzinger for Congress	Transaction ID: 17775 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO Box 1050	Amount of Each Disbursement this Period 2500.00
	City Bourbonnais State IL Zip Code 60914	
	Purpose of Disbursement Contribution Candidate Name Adam Kinzinger	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 17789 Date of Disbursement 06 / 24 / 2010
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 2000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement Contribution Candidate Name E. Benjamin Nelson	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Republican Party of Wisconsin	Transaction ID: 17783 Date of Disbursement 05 / 24 / 2010
	Mailing Address 148 E. Johnson Street	Amount of Each Disbursement this Period 5000.00
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Contribution Candidate Name Republican Party of Wisconsin	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement Contribution Candidate Name Peter J. Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17770 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement Contribution Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17785 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Schock for Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement Contribution Candidate Name Aaron Schock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17769 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Corbett for Governor <hr/> Mailing Address CM Schroder Group, LLC PO Box 3402 <hr/> City Alexandria State VA Zip Code 22302 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17791 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Dewhurt for Lt. Governor <hr/> Mailing Address PO Box 756 <hr/> City Austin State TX Zip Code 78767 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17806 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Patrick Lynch <hr/> Mailing Address 320 Newport Avenue <hr/> City East Providence State RI Zip Code 02916 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17802 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

A.	Full Name (Last, First, Middle Initial) Husted for Ohio <hr/> Mailing Address 100 E. Broad Street Suite 2225 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17794 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Pennsylvania Insurance PAC <hr/> Mailing Address 1600 Market Street Suite 1520 <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17795 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Republican House Victory Committee <hr/> Mailing Address PO Box 11494 <hr/> City Tempe State AZ Zip Code 85284 <hr/> Purpose of Disbursement Uncashed 10/30/09 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7C7BD06F8ABF0E927CD Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period -500.00

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Republican Senate Victory Committee</p> <p>Mailing Address PO Box 11494</p> <p>City Tempe State AZ Zip Code 85284</p> <p>Purpose of Disbursement Uncashed 10/30/09 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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AEA6E3C9CE442563F62</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Rick Perry for Governor</p> <p>Mailing Address PO Box 2013 PMB 217</p> <p>City Austin State TX Zip Code 78767</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17804</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Sibley for Senate</p> <p>Mailing Address 1 E Greenway Plaza Ste 225</p> <p>City Houston State TX Zip Code 77046</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17796</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 53

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

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

A. Full Name (Last, First, Middle Initial) Texans for Rick Perry Mailing Address PO Bix 2013 City Austin State TX Zip Code 78768-2013 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17793 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Tom Corbett for Governor Mailing Address 200 North Third Street 13th Floor City Harrisburg State PA Zip Code 17101 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17800 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

22000.00