

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Karen E. Melchert  
Signature of Treasurer Electronically Filed by Karen E. Melchert Date 10 10 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45484.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	38368.90									
(c) Total Receipts (from Line 19) .....	16688.18	81701.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55057.08	127186.84								
<hr/>										
7. Total Disbursements (from Line 31) .....	33052.16	105181.92								
<hr/>										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22004.92	22004.92								
<hr/>										
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
<hr/>										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9791.55	46938.95
(i) Itemized (use Schedule A) .....	6896.63	34762.97
(ii) Unitemized .....	16688.18	81701.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16688.18	81701.92
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16688.18	81701.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16688.18	81701.92

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	52.16	181.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	52.16	181.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	53000.00
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.....	29000.00	52000.00
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))..	33052.16	105181.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33052.16	105181.92

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16688.18	81701.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16688.18	81701.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52.16	181.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52.16	181.92

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Ablett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9200	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Ablett		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9429	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

<b>C.</b> Full Name (Last, First, Middle Initial) Roger Ablett		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9652	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) George Agyen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9653	
City Chicago	State IL	Zip Code 60655	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

B. Full Name (Last, First, Middle Initial) Michael Anway		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9206	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

C. Full Name (Last, First, Middle Initial) Michael Anway		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9434	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Michael Anway</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9656	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B. Michael Baumel</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9664	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) <b>C. Darci Beacom</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9212	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Darci Beacom		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9440	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>B.</b> Darci Beacom		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9666	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>C.</b> Jacquelyne Belcastro		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9213	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.01		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 / 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jacquelyne Belcastro		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9441
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.68	

Full Name (Last, First, Middle Initial) <b>B.</b> Jacquelyne Belcastro		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9667
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.35	

Full Name (Last, First, Middle Initial) <b>C.</b> Larry Boysen		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9219
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.86	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.36

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: SA11A1.9448

Amount of Each Receipt this Period  
62.50

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 645.86

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA11A1.9673

Amount of Each Receipt this Period  
62.50

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patty Bridger

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 354.18

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2006

Transaction ID: SA11A1.9221

Amount of Each Receipt this Period  
62.50

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Patty Bridger		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9450	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68		

Full Name (Last, First, Middle Initial) <b>B.</b> Patty Bridger		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9675	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.18		

Full Name (Last, First, Middle Initial) <b>C.</b> James Casimir		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9679	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ronald Casner		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9226	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald Casner		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9455	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald Casner		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9680	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.9684

Amount of Each Receipt this Period  
 41.67

Contribution

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

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 ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

Transaction ID: SA11A1.9460

Amount of Each Receipt this Period  
 26.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Coffey

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 ▼ 234.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.9685

Amount of Each Receipt this Period  
 26.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Colburn		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9234
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer CNA Insurance	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Colburn		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9462
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer CNA Insurance	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Colburn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9687
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer CNA Insurance	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Claire Cortner</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9235	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Terry Cosgrove</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9688	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Cunning</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9239	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1104.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen Cunning		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9467	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kathleen Cunning		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9692	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50		

Full Name (Last, First, Middle Initial) <b>C.</b> Heather Davis		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9240	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Heather Davis		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9468	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Heather Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9693	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50		

Full Name (Last, First, Middle Initial) <b>C.</b> Antonio Depadua		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9242	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Antonio Depadua		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9470
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Antonio Depadua		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9695
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

Full Name (Last, First, Middle Initial) <b>C.</b> John Devereux		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9473
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Devereux		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9698	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bonnie Diehl		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9699	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Dunlop		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9702	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Steven Earley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9704</b>	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Warren Edwards</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9253</b>	
City Chicago	State IL	Amount of Each Receipt this Period 42.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

Full Name (Last, First, Middle Initial) <b>C. Warren Edwards</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9479</b>	
City Chicago	State IL	Amount of Each Receipt this Period 42.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Warren Edwards		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9705
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Diane Ferro		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9484
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Diane Ferro		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9710
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	167.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Fitzgerald		Date of Receipt MM / DD / YYYY 07 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9261
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Fitzgerald		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9486
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Fitzgerald		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9712
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Fusco</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9266	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Fusco</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9490	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Fusco</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9716	
City Chicago	State IL	Amount of Each Receipt this Period 90.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Brian Granstrand		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9721	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Grob		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9723	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Hagen		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9274	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy Hagen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.9499
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Timothy Hagen		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.9724
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) C. Timothy Haggerty		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address CNA Plaza		Transaction ID: SA11A1.9725
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Hall		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9726	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Hall		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9277	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Hall		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9502	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	102.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Hall		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9727
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer CNA Insurance	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa Harrell		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9729
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer CNA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis Hemme		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9281
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer CNA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	96.67
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Hemme</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9506	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>B. Dennis Hemme</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9731	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>C. Robert Hides</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9736	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> William Johnston		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9290	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.01		

Full Name (Last, First, Middle Initial) <b>B.</b> William Johnston		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9515	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.68		

Full Name (Last, First, Middle Initial) <b>C.</b> William Johnston		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9741	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.35		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Jordan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9742	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Keith</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9518	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Keith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9743	
City Chicago	State IL	Amount of Each Receipt this Period 62.50	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Susan Kelly</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9745</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Komoll</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9751</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Koza</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9752</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Heather Libby</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9758</b>	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Peter Lies</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9308</b>	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C. Peter Lies</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9534</b>	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Peter Lies</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9759</b>	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) <b>B. Wendy Lynn</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9313</b>	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) <b>C. Wendy Lynn</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9539</b>	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation CNA Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.36	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Wendy Lynn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9764</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 375.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joseph Manero</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9766</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Insurance Occupation Executive	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Robert Mann</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9768</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> William McEnery		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9320	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 291.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> William McEnery		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9546	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 333.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> William McEnery		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9771	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 375.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael McEwen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9772	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Marilou McGirr</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9322	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C. Marilou McGirr</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9548	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Marilou McGirr		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9773	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen E. Melchert		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9777	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Menke		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9328	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.01		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Menke

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 ▼ 266.68

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: SA11A1.9553

Amount of Each Receipt this Period  
41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stephen Menke

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 308.35

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA11A1.9778

Amount of Each Receipt this Period  
41.67

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2006

Transaction ID: SA11A1.9329

Amount of Each Receipt this Period  
83.34

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Craig Mense</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9554</b>	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72		

Full Name (Last, First, Middle Initial) <b>B. Craig Mense</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9779</b>	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

Full Name (Last, First, Middle Initial) <b>C. William Morgan</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9335</b>	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	208.35
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> William Morgan		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9559	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>B.</b> William Morgan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9784	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>C.</b> James Morris		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9336	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
James Morris

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 ▼  
333.36

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: SA11A1.9560

Amount of Each Receipt this Period  
41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Morris

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA11A1.9785

Amount of Each Receipt this Period  
41.67

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.01

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2006

Transaction ID: SA11A1.9337

Amount of Each Receipt this Period  
41.67

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Morse		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9561
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68	

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy Morse		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9786
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.35	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Movelle		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9788
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9343	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

Full Name (Last, First, Middle Initial) <b>B.</b> William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9567	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> William Nachtsheim		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9792	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey Neuenschwander		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9344	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date ▼ 291.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Neuenschwander		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9568	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date ▼ 333.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey Neuenschwander		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9793	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date ▼ 375.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006 <b>Transaction ID:</b> SA11A1.9347 Amount of Each Receipt this Period 41.67 Contribution
Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69		

<b>B.</b> Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 <b>Transaction ID:</b> SA11A1.9570 Amount of Each Receipt this Period 41.67 Contribution
Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36		

<b>C.</b> Full Name (Last, First, Middle Initial) Frederic Nieman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> SA11A1.9795 Amount of Each Receipt this Period 41.67 Contribution
Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> James O'Malley		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9350	
City Chicago	State IL	Amount of Each Receipt this Period 40.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James O'Malley		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9573	
City Chicago	State IL	Amount of Each Receipt this Period 40.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James O'Malley		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9799	
City Chicago	State IL	Amount of Each Receipt this Period 40.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Pagliaro</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9803	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Sarah Pang</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9355	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

Full Name (Last, First, Middle Initial) <b>C. Sarah Pang</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9578	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	191.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Sarah Pang</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9804</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 416.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David Perry</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9357</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 291.69		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. David Perry</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9580</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 333.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Perry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9806</b>	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B. William Phillips</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9363</b>	
City Chicago	State IL	Amount of Each Receipt this Period 30.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. William Phillips</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9587</b>	
City Chicago	State IL	Amount of Each Receipt this Period 30.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William Phillips</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9815	
City Chicago	State IL	Amount of Each Receipt this Period 30.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. Fred Piertopola</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9364	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C. Fred Piertopola</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9588	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Fred Piertopola		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9816	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Pontarelli		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9366	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Pontarelli		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9590	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	208.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Pontarelli		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9818	
City Chicago	State IL	Amount of Each Receipt this Period 83.34	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Pye		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9367	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Pye		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9591	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Pye		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9819	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 375.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> James Ramsdell		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9821	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mark Reilly		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9825	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address CNA Plaza

City Chicago State ID Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.9826

Amount of Each Receipt this Period  
 25.00

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.9829

Amount of Each Receipt this Period  
 25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Andrew Shapiro

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2006

Transaction ID: SA11A1.9382

Amount of Each Receipt this Period  
 62.50

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Andrew Shapiro

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.9606

Amount of Each Receipt this Period  
62.50

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Andrew Shapiro

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.9834

Amount of Each Receipt this Period  
62.50

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ken Simmons

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.9386

Amount of Each Receipt this Period  
41.67

Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ken Simmons		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9608	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

<b>B.</b> Full Name (Last, First, Middle Initial) Ken Simmons		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9836	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

<b>C.</b> Full Name (Last, First, Middle Initial) Teresa Smiley		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9387	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Teresa Smiley</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9609	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 333.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Teresa Smiley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9837	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 375.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. David Smith</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9388	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation CNA Executive	Aggregate Year-to-Date ▼ 245.01		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> David Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9610	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 286.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> David Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9838	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 328.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ralph Soletti		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9391	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date ▼ 225.01	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 75
	(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)  
Ralph Soletti

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.68

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: SA11A1.9614

Amount of Each Receipt this Period  
41.67

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 CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.35

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA11A1.9841

Amount of Each Receipt this Period  
41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ronald Stegeman

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2006

Transaction ID: SA11A1.9393

Amount of Each Receipt this Period  
41.67

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ronald Stegeman

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

Transaction ID: SA11A1.9616

Amount of Each Receipt this Period  
 41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ronald Stegeman

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.9843

Amount of Each Receipt this Period  
 41.67

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 15 / 2006

Transaction ID: SA11A1.9396

Amount of Each Receipt this Period  
 62.50

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Stillman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9619</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Thomas Stillman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9846</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 562.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Karen Stuttman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9847</b>	
City State Zip Code Chicago IL 60685	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer CNA Occupation Executive	Aggregate Year-to-Date ▼ 208.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> John Tatum		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9401	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>B.</b> John Tatum		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9623	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) <b>C.</b> John Tatum		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9850	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer CNA Insurance	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jennifer Throm		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9852
City Chicago	State IL	Amount of Each Receipt this Period 25.00
Zip Code 60685	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer CNA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Cynthia Traczyk		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9406
City Chicago	State IL	Amount of Each Receipt this Period 41.67
Zip Code 60685	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer CNA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.01	

Full Name (Last, First, Middle Initial) C. Cynthia Traczyk		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006
Mailing Address CNA Plaza		Transaction ID: SA11A1.9628
City Chicago	State IL	Amount of Each Receipt this Period 41.67
Zip Code 60685	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer CNA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.68	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Traczyk</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9855	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.35		

Full Name (Last, First, Middle Initial) <b>B. Marie Usher</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9408	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

Full Name (Last, First, Middle Initial) <b>C. Marie Usher</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9630	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Marie Usher</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9858	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Vankley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9860	
City Chicago	State IL	Amount of Each Receipt this Period 41.67	
Zip Code 60604		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) <b>C. Russell Viater</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9861	
City Chicago	State IL	Amount of Each Receipt this Period 25.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Penny Wand		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9416	
City Chicago	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Penny Wand		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9638	
City Chicago	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Penny Wand		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.9866	
City Chicago	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60685		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CNA	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen J. Westman		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9420	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen J. Westman		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9642	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen J. Westman		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address CNA Plaza		Transaction ID: SA11A1.9870	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer CNA	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Joe Wolfe</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9872</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Wolfe</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9873</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Tad Womack</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address CNA Plaza		<b>Transaction ID: SA11A1.9646</b>
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 75
	(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)  
Tad Womack

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

**Transaction ID:** SA11A1.9874

Amount of Each Receipt this Period  
62.50

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

**Transaction ID:** SA11A1.9878

Amount of Each Receipt this Period  
42.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9791.55</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 75

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

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

Full Name (Last, First, Middle Initial) <b>A. BACHUS FOR CONGRESS</b>		<b>Transaction ID: SB23.9881</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 217 Third Street		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID: SB23.9879</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 426 C. Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 8		

Full Name (Last, First, Middle Initial) <b>C. STEVE CHABOT FOR CONGRESS</b>		<b>Transaction ID: SB23.9883</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 217 Third Street		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 75

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

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

Full Name (Last, First, Middle Initial) <b>A. Team Sununu</b>		<b>Transaction ID: SB23.9880</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address PO Box 500		Amount of Each Disbursement this Period 1000.00	
City Rye State NH Zip Code 03870	Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4000.00

# 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)

PAGE 73 / 75

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Stivers</b>		<b>Transaction ID:</b> SB29.9906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 2500 Sherwin Road		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43221	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Bill Harris</b>		<b>Transaction ID:</b> SB29.9901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 1238 Township Road 1506		Amount of Each Disbursement this Period 2500.00
City Ashland State OH Zip Code 44805	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gene Seaman Campaign</b>		<b>Transaction ID:</b> SB29.9898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 2222 Airline		Amount of Each Disbursement this Period 500.00
City Corpus Christi State TX Zip Code 78414	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 75

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

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

<b>A. Husted for Ohio</b> Full Name (Last, First, Middle Initial) Mailing Address 100 E. Broad Street Suite 2225 City Columbus State OH Zip Code 43215 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB29.9895</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 2500.00
--	--	--

<b>B. Mark Strama Campaign</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 270263 City Austin State TX Zip Code 78727 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB29.9899</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 500.00
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<b>C. Stars Over Texas PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 3405 Edloe Suite 380 City Houston State TX Zip Code 77027 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB29.9907</b> Date of Disbursement 09 / 14 / 2006 Amount of Each Disbursement this Period 500.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Strickland for Governor</b>		<b>Transaction ID: SB29.9887</b> Date of Disbursement 08 / 29 / 2006
Mailing Address 42 Park Drive		Amount of Each Disbursement this Period 1500.00
City Columbus	State OH Zip Code 43209	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Texans for Rick Perry</b>		<b>Transaction ID: SB29.9897</b> Date of Disbursement 08 / 29 / 2006
Mailing Address PMB 217 PO Box 2013		Amount of Each Disbursement this Period 20000.00
City Austin	State TX Zip Code 78768-2013	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

21500.00

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

29000.00