

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 333 S. WABASH 43-S CHICAGO IL 60604

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 11 25 2008 through 12 31 2008

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

Signature of Treasurer Electronically Filed by Karen E. Melchert Date 01 26 2009

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

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X (Rev. 12/2004)

**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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25248.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	5884.36									
(c) Total Receipts (from Line 19) .....	11204.92	101848.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17089.28	127096.74								
7. Total Disbursements (from Line 31) .....	5032.25	115039.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12057.03	12057.03								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8760.32	62135.16
(i) Itemized (use Schedule A) .....	2444.60	39713.35
(ii) Unitemized .....	11204.92	101848.51
(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) .....	11204.92	101848.51
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)) .....	11204.92	101848.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11204.92	101848.51

**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.....	32.25	239.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32.25	239.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	73300.00
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.....	5000.00	41500.00
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))..	5032.25	115039.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5032.25	115039.71

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11204.92	101848.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11204.92	101848.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.25	239.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.25	239.71

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

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

FOR LINE NUMBER: PAGE 6 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Amy Adams

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15898

Amount of Each Receipt this Period  
83.34

Contribution

**B.** Full Name (Last, First, Middle Initial)  
George Agyen

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60655

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15899

Amount of Each Receipt this Period  
83.34

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michelle Aliperti-Urbielewic

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 ▼ 233.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15843

Amount of Each Receipt this Period  
50.00

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Anway		Date of Receipt	
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15945
	Chicago	IL	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		108.34	
Name of Employer CNA		Occupation Executive		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		650.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Auslander		Date of Receipt	
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15900
	Chicago	IL	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.34	
Name of Employer CNA		Occupation Executive		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		333.36		

<b>C.</b>	Full Name (Last, First, Middle Initial) Darci Beacom		Date of Receipt	
	Mailing Address CNA Plaza		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15901
	Chicago	IL	60685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.34	
Name of Employer CNA		Occupation Executive		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Becker

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance      Occupation Executive

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      433.36

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15902

Amount of Each Receipt this Period  
83.34

Contribution

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

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15903

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA      Occupation Executive

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15844

Amount of Each Receipt this Period  
50.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 750.00

Date of Receipt: 12 / 31 / 2008  
**Transaction ID:** SA11AI.15946  
 Amount of Each Receipt this Period: 125.00  
 Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 31 / 2008  
**Transaction ID:** SA11AI.15947  
 Amount of Each Receipt this Period: 125.00  
 Contribution

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

Mailing Address 333 S. Wabash

City Chicago State IL Zip Code 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.64

Date of Receipt: 12 / 31 / 2008  
**Transaction ID:** SA11AI.15896  
 Amount of Each Receipt this Period: 66.66  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 316.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Nancy Bufalino

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15904

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15905

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15906

Amount of Each Receipt this Period  
83.34

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Bruce Gluskey, 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 ▼ 500.04  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15907  
Amount of Each Receipt this Period 83.34  
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 ▼ 312.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15894  
Amount of Each Receipt this Period 52.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Charles Colburn  
Mailing Address CNA Plaza  
City Chicago State IL Zip Code 60685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNA Insurance Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15908  
Amount of Each Receipt this Period 83.34  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 218.68  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15909  
 Amount of Each Receipt this Period 83.34  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Cunning

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 ▼ 750.00

Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15948  
 Amount of Each Receipt this Period 125.00  
 Contribution

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

Mailing Address 333 S. Wabash  
43rd Floor

City Chicago State IL Zip Code 60604

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

Name of Employer CNA Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15949  
 Amount of Each Receipt this Period 125.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **333.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 46  
(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)  
Jeffrey Day

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15845

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15943

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15846

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46  
(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)  
Bonnie Diehl

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.15847

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Dunlop

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.15848

Amount of Each Receipt this Period  
50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Steven Earley

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer Occupation  
CNA Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.15849

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 46  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Warren Edwards  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15910  
 Amount of Each Receipt this Period 83.34  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
George Fay  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15961  
 Amount of Each Receipt this Period 166.68  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Diane Ferro  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15911  
 Amount of Each Receipt this Period 83.34  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 333.36  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 16 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Fitzgerald

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance      Occupation Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15950

Amount of Each Receipt this Period  
125.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA      Occupation Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15851

Amount of Each Receipt this Period  
50.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Fred Garrett

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA      Occupation Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15852

Amount of Each Receipt this Period  
50.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Jamie Gibbins

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15853

Amount of Each Receipt this Period  
50.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Pamela Gillette

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15854

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15856

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 46  
(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)  
Robert Grob

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15857

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Lynn Gugenheim

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15951

Amount of Each Receipt this Period  
125.00

Contribution

**C.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15912

Amount of Each Receipt this Period  
83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 46  
(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)  
Timothy Haggerty

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15858

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gary Hall

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15941

Amount of Each Receipt this Period  
84.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Hall

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15895

Amount of Each Receipt this Period  
60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **194.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Hanrahan

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15859

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15952

Amount of Each Receipt this Period  
125.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Hennessy

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15860

Amount of Each Receipt this Period  
50.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15861

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15913

Amount of Each Receipt this Period  
83.34

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jayne Honek

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15862

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **183.34**

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

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

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

FOR LINE NUMBER: PAGE 22 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline Johnson

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15914

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15863

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15953

Amount of Each Receipt this Period  
125.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.34

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

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

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

FOR LINE NUMBER: PAGE 23 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Susan Kelly

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance      Occupation Executive

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15915

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA      Occupation Executive

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15864

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA      Occupation Executive

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

**Transaction ID:** SA11AI.15916

Amount of Each Receipt this Period  
83.34

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 46  
(check only one)

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

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

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

**A.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15865

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15917

Amount of Each Receipt this Period  
83.34

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Landenberger

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 ▼ 458.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15918

Amount of Each Receipt this Period  
83.34

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 46

(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)  
Michael Levins

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

FEC ID number of contributing federal political committee. C

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.15867

Amount of Each Receipt this Period 50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Heather Libby

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. C

Name of Employer CNA Insurance Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.15868

Amount of Each Receipt this Period 50.00

Contribution

**C.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee. C

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.15919

Amount of Each Receipt this Period 83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 183.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 46  
(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)  
Donny Lippard

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer 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 Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15954

Amount of Each Receipt this Period  
125.00

Contribution

**B.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15870

Amount of Each Receipt this Period  
50.00

Contribution

**C.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15920

Amount of Each Receipt this Period  
83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 46  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Manero  
Mailing Address CNA Plaza  
City Chicago State IL Zip Code 60685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNA Insurance Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15871  
Amount of Each Receipt this Period 50.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Mann  
Mailing Address CNA Plaza  
City Chicago State IL Zip Code 60685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNA Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15955  
Amount of Each Receipt this Period 125.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Marilyn McGirr  
Mailing Address CNA Plaza  
City Chicago State IL Zip Code 60685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNA Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15921  
Amount of Each Receipt this Period 83.34  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.34  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard McGregor		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15922
		Amount of Each Receipt this Period	
		<input type="text" value="83.34"/>	
Name of Employer CNA		Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="501.36"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Meadors		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15944
		Amount of Each Receipt this Period	
		<input type="text" value="100.00"/>	
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 ▼	
		<input type="text" value="600.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen E. Melchert		Date of Receipt
	Mailing Address 333 S. Wabash 43rd Floor		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15923
		Amount of Each Receipt this Period	
		<input type="text" value="83.34"/>	
Name of Employer CNA Insurance		Occupation Treasurer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="433.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="266.68"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 46

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Menke		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11AI.15924		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
500.04

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Mense		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11AI.15962		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 166.68	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.08

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Mibus		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11AI.15872		
	City Chicago	State ID	Zip Code 60685	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA Insurance	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 46  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Christine Michals-Bucher

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15873

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15925

Amount of Each Receipt this Period  
83.34

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 ▼ 366.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15874

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **183.34**

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

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

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

FOR LINE NUMBER: PAGE 31 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William Nachtsheim  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15956  
 Amount of Each Receipt this Period 125.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Neuenschwander  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Insurance Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15926  
 Amount of Each Receipt this Period 83.34  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
James O'Malley  
 Mailing Address CNA Plaza  
 City Chicago State IL Zip Code 60685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Insurance Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15897  
 Amount of Each Receipt this Period 80.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 288.34  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 32 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Pagliaro

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15875

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15928

Amount of Each Receipt this Period  
83.34

Contribution

**C.** Full Name (Last, First, Middle Initial)  
William Phillips

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15877

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **183.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 46  
(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)  
Fred Piertopola

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15929

Amount of Each Receipt this Period  
83.34

Contribution

**B.**

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15963

Amount of Each Receipt this Period  
166.68

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Pye

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.15930

Amount of Each Receipt this Period  
83.34

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 46
	<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) James Ramsdell		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15878
		Amount of Each Receipt this Period	
		<input type="text" value="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 ▼	
		<input type="text" value="300.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark J Reilly		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15879
		Amount of Each Receipt this Period	
		<input type="text" value="50.00"/>	
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 ▼	
		<input type="text" value="300.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark L Reilly		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CNA Plaza	IL	60604
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15880
		Amount of Each Receipt this Period	
		<input type="text" value="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 ▼	
		<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Ribikawskis		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15881		
	City Chicago	State ID	Zip Code 60685	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Sasso		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15883		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Schaeffer		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.15884		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA Insurance	Occupation Executive		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼  
300.00

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Sehr

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 ▼ 437.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15957

Amount of Each Receipt this Period  
125.00

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15958

Amount of Each Receipt this Period  
125.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Sieks

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15886

Amount of Each Receipt this Period  
50.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15931

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15932

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15933

Amount of Each Receipt this Period  
83.34

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Stapleton  
 Mailing Address 333 S. Wabash  
 City Chicago State IL Zip Code 60604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CNA Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15959  
 Amount of Each Receipt this Period 125.00  
 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 ▼ 500.04  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15934  
 Amount of Each Receipt this Period 83.34  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Karen Stuttman  
 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 ▼ 500.04  
 Date of Receipt 12 / 31 / 2008  
**Transaction ID:** SA11AI.15935  
 Amount of Each Receipt this Period 83.34  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 291.68  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Tatum			Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11AI.15936		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 83.34		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer CNA Insurance		Occupation Executive	Aggregate Year-to-Date 500.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) Teri Tegtman			Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11AI.15887		
	City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 50.00		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer CNA		Occupation Executive	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Throm			Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11AI.15888		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 50.00		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer CNA		Occupation Executive	Aggregate Year-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Tjards

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15889  
Amount of Each Receipt this Period 50.00  
Contribution

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

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 ▼ 500.04

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15937  
Amount of Each Receipt this Period 83.34  
Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.15938  
Amount of Each Receipt this Period 83.34  
Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Vankley

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15939

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15940

Amount of Each Receipt this Period  
83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.15891

Amount of Each Receipt this Period  
50.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 46  
(check only one)

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

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

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.15960

Amount of Each Receipt this Period 125.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joe Wolfe

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.15892

Amount of Each Receipt this Period 50.00

Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.15893

Amount of Each Receipt this Period 50.00

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Wurzler		Date of Receipt																					
	Mailing Address CNA Plaza		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.15942																			
	Chicago	IL	60604																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer CNA		Occupation Executive		<input type="text" value="84.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="504.00"/>		Contribution																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="84.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8760.32"/>

# 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 44 / 46

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Shore Bank	Transaction ID: SB21B.15708 Date of Disbursement
	Mailing Address 7936 S. Cottage Grove	<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60619	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="16.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shore Bank	Transaction ID: SB21B.15709 Date of Disbursement
	Mailing Address 7936 S. Cottage Grove	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60619	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="16.25"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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) Committee to Elect Bill Harris <hr/> Mailing Address 1238 Township Road 1506 <hr/> City Ashland State OH Zip Code 44805 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joan Huffman Campaign <hr/> Mailing Address 2032 Buffalo Terrace <hr/> City Houston State TX Zip Code 77019 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15711 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Carona Campaign <hr/> Mailing Address PO Box 600035 <hr/> City Dallas State TX Zip Code 75360 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.15718 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 46

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Jackson Campaign <hr/> Mailing Address PO Box 315 <hr/> City LaPorte State TX Zip Code 77572 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15717 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Todd Hunter Campaign <hr/> Mailing Address 14617 South Padre Island Drive <hr/> City Corpus Christi State TX Zip Code 78418 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.15713 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00