

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		21008.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	22552.44									
(c) Total Receipts (from Line 19)	48232.37	71825.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70784.81	92833.92								
7. Total Disbursements (from Line 31)	53057.55	75106.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17727.26	17727.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	31205.23	32930.35
(ii) Unitemized	16027.14	31895.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47232.37	64825.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47232.37	64825.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1000.00	2000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48232.37	71825.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48232.37	71825.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	57.55	106.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	57.55	106.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	42000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	23000.00	33000.00
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))..	53057.55	75106.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53057.55	75106.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47232.37	64825.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47232.37	64825.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	57.55	106.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	1000.00	2000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-942.45	-1893.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 52
(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 Chicago State IL Zip Code 60685
 Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17361
 Amount of Each Receipt this Period 83.34
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer CNA Insurance Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.02

B. Full Name (Last, First, Middle Initial)
George Agyen
 Mailing Address CNA Plaza
 City Chicago State IL Zip Code 60655
 Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17457
 Amount of Each Receipt this Period 166.68
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer CNA Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 333.36

C. Full Name (Last, First, Middle Initial)
Michael Anway
 Mailing Address CNA Plaza
 City Chicago State IL Zip Code 60685
 Date of Receipt 04 / 15 / 2010
Transaction ID: SA11AI.17715
 Amount of Each Receipt this Period 54.17
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer CNA Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 216.68

SUBTOTAL of Receipts This Page (optional) ► 304.19
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address CNA Plaza

City 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) ▼ 325.02

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17433

Amount of Each Receipt this Period
108.34

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

FEC ID number of contributing federal political committee. C

Name of Employer CNA Occupation Executive

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17362

Amount of Each Receipt this Period
83.34

Contribution

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

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) ▼ 236.68

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17354

Amount of Each Receipt this Period
70.00

Contribution

SUBTOTAL of Receipts This Page (optional) 261.68

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 52
(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 Beckman
 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 ▼ 1000.00
 Date of Receipt 04 / 19 / 2010
Transaction ID: SA11AI.17739
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Jacquelyne Belcastro
 Mailing Address CNA Plaza
 City Chicago State IL Zip Code 60685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNA Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 04 / 15 / 2010
Transaction ID: SA11AI.17716
 Amount of Each Receipt this Period 62.50
 Contribution

C. Full Name (Last, First, Middle Initial)
Jacquelyne Belcastro
 Mailing Address CNA Plaza
 City Chicago State IL Zip Code 60685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNA Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68
 Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17460
 Amount of Each Receipt this Period 166.68
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1229.18
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52
(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)
Thor Beveridge

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

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

Transaction ID: SA11AI.17363

Amount of Each Receipt this Period
83.34

Contribution

B.

Full Name (Last, First, Middle Initial)
Larry Boysen

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.17717

Amount of Each Receipt this Period
62.50

Contribution

C.

Full Name (Last, First, Middle Initial)
Larry Boysen

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.17436

Amount of Each Receipt this Period
125.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **270.84**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52
(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 Brand

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 ▼ 1000.00

Date of Receipt 05 / 15 / 2010
Transaction ID: SA11AI.17483
Amount of Each Receipt this Period 1000.00
Contribution

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

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 ▼ 250.02

Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17364
Amount of Each Receipt this Period 83.34
Contribution

C. Full Name (Last, First, Middle Initial)
Laura Burns

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 ▼ 266.68

Date of Receipt 05 / 15 / 2010
Transaction ID: SA11AI.17398
Amount of Each Receipt this Period 100.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1183.34

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 11 / 52
	<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 Ciabattoni

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 ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17365

Amount of Each Receipt this Period 83.34

Contribution

B.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17366

Amount of Each Receipt this Period 83.34

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 ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17367

Amount of Each Receipt this Period 83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ► 250.02

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52
(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)
Linda Core

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: 04 / 29 / 2010
Transaction ID: SA11AI.17741
Amount of Each Receipt this Period: 750.00
Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 04 / 15 / 2010
Transaction ID: SA11AI.17729
Amount of Each Receipt this Period: 83.34
Contribution

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

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: 06 / 15 / 2010
Transaction ID: SA11AI.17461
Amount of Each Receipt this Period: 166.68
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1000.02

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52
(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 State Zip Code
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

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

Transaction ID: SA11AI.17368

Amount of Each Receipt this Period: 83.34

Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.17718

Amount of Each Receipt this Period: 62.50

Contribution

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.17437

Amount of Each Receipt this Period: 125.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 270.84

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Heather Davis		Date of Receipt
	Mailing Address 333 S. Wabash 43rd Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17719
Name of Employer CNA		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 62.50
		<input type="text"/> 250.00	Contribution

B.	Full Name (Last, First, Middle Initial) Heather Davis		Date of Receipt
	Mailing Address 333 S. Wabash 43rd Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17438
Name of Employer CNA		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 375.00	Contribution

C.	Full Name (Last, First, Middle Initial) John Devereux		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2010
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17403
Name of Employer CNA		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 287.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52
(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)
C. M. Dower

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.17742

Amount of Each Receipt this Period
300.00

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

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

Transaction ID: SA11AI.17369

Amount of Each Receipt this Period
83.34

Contribution

C.

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

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
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: SA11AI.17744

Amount of Each Receipt this Period
300.00

Contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Diane Ferro

Mailing Address CNA Plaza

City 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 ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17370

Amount of Each Receipt this Period 83.34

Contribution

B.

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

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 ▼ 1000.00

Date of Receipt 05 / 15 / 2010

Transaction ID: SA11AI.17484

Amount of Each Receipt this Period 1000.00

Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2010

Transaction ID: SA11AI.17745

Amount of Each Receipt this Period 500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1583.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 52

(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) Dawn Griffin		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.17480		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date 750.00		

B.	Full Name (Last, First, Middle Initial) Lynn Gugenheim		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.17720		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 62.50	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Lynn Gugenheim		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address CNA Plaza		Transaction ID: SA11AI.17439		
	City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer CNA	Occupation Executive	Aggregate Year-to-Date 375.00		

SUBTOTAL of Receipts This Page (optional)

937.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 52
(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)
Larry Haefner

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
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17731

Amount of Each Receipt this Period 83.34

Contribution

B.

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

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 ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17464

Amount of Each Receipt this Period 166.68

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 ▼ 250.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17371

Amount of Each Receipt this Period 83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ► 333.36

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address CNA Plaza

City 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 ▼ 252.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17390
Amount of Each Receipt this Period: 84.00
Contribution

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

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: 04 / 29 / 2010
Transaction ID: SA11AI.17746
Amount of Each Receipt this Period: 750.00
Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: SA11AI.17721
Amount of Each Receipt this Period: 62.50
Contribution

SUBTOTAL of Receipts This Page (optional) ► 896.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address CNA Plaza

City 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 ▼ 416.68

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17465
Amount of Each Receipt this Period: 166.68
Contribution

B. Full Name (Last, First, Middle Initial)
Fatmire Hotza

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 ▼ 750.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: SA11AI.17747
Amount of Each Receipt this Period: 750.00
Contribution

C. Full Name (Last, First, Middle Initial)
Patricia Hurston

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: 04 / 19 / 2010
Transaction ID: SA11AI.17748
Amount of Each Receipt this Period: 750.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1666.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jacqueline Johnson		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17300
		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="216.68"/>	

B.	Full Name (Last, First, Middle Initial) Richard Kaminsky		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17750
		Amount of Each Receipt this Period	
		<input type="text" value="300.00"/>	
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"/>	

C.	Full Name (Last, First, Middle Initial) Jonathan Kantor		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17732
		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="333.36"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="433.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jonathan Kantor

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 ▼
2833.36

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

Transaction ID: SA11AI.17751

Amount of Each Receipt this Period
2500.00

Contribution

B.

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 ▼
250.00

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

Transaction ID: SA11AI.17722

Amount of Each Receipt this Period
62.50

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 ▼
375.00

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

Transaction ID: SA11AI.17440

Amount of Each Receipt this Period
125.00

Contribution

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 52
(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 Occupation
CNA Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.68

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

Transaction ID: SA11AI.17441

Amount of Each Receipt this Period
125.00

Contribution

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

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.17455

Amount of Each Receipt this Period
150.00

Contribution

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

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 ▼ 500.00

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

Transaction ID: SA11AI.17479

Amount of Each Receipt this Period
500.00

Contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

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

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

A.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
CNA Executive

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

Date of Receipt

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

Transaction ID: SA11AI.17372

Amount of Each Receipt this Period

83.34

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 Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.68

Date of Receipt

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

Transaction ID: SA11AI.17306

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Carol Kuntz

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 ▼ 250.02

Date of Receipt

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

Transaction ID: SA11AI.17373

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional)

216.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 52
(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)
Carla Kambric Lammers

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: SA11AI.17481
Amount of Each Receipt this Period: 750.00
Contribution

B. Full Name (Last, First, Middle Initial)
Seth Lamont

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17374
Amount of Each Receipt this Period: 83.34
Contribution

C. Full Name (Last, First, Middle Initial)
Hillary Lewis

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: 05 / 26 / 2010
Transaction ID: SA11AI.17754
Amount of Each Receipt this Period: 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1133.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Heather Libby		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CNA Insurance		Occupation Executive	Transaction ID: SA11AI.17375 Amount of Each Receipt this Period <input type="text" value="83.34"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.02"/>	

B.	Full Name (Last, First, Middle Initial) Peter Lies		Date of Receipt
	Mailing Address CNA Plaza		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CNA		Occupation Executive	Transaction ID: SA11AI.17376 Amount of Each Receipt this Period <input type="text" value="83.34"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.02"/>	

C.	Full Name (Last, First, Middle Initial) Matthew Lillegard		Date of Receipt
	Mailing Address CNA Center 333 S. Wabash		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60604
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CNA		Occupation Executive	Transaction ID: SA11AI.17377 Amount of Each Receipt this Period <input type="text" value="83.34"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.02"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 52

(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 Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.17723

Amount of Each Receipt this Period

62.50

Contribution

B.

Full Name (Last, First, Middle Initial)
Donny Lippard

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.17442

Amount of Each Receipt this Period

125.00

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 Occupation
CNA Executive

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

Date of Receipt

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

Transaction ID: SA11AI.17378

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

270.84

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 52

(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)
Glen Mangold

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

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

Transaction ID: SA11AI.17472

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Marilou McGirr

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 ▼ 250.02

Date of Receipt

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

Transaction ID: SA11AI.17379

Amount of Each Receipt this Period

83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Craig Meadors

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

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

Transaction ID: SA11AI.17416

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

483.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Karen E. Melchert

Mailing Address 333 S. Wabash
43rd Floor

City Chicago State IL Zip Code 60604

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

Name of Employer CNA Insurance Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17381
Amount of Each Receipt this Period 83.34
Contribution

B.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 15 / 2010
Transaction ID: SA11AI.17733
Amount of Each Receipt this Period 83.34
Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.04

Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17477
Amount of Each Receipt this Period 416.68
Contribution

SUBTOTAL of Receipts This Page (optional) ► 583.36

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

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

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

FOR LINE NUMBER: PAGE 31 / 52
(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 Morgan

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 ▼ 250.02

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17382

Amount of Each Receipt this Period 83.34

Contribution

B. 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 ▼ 250.00

Date of Receipt 04 / 15 / 2010

Transaction ID: SA11AI.17724

Amount of Each Receipt this Period 62.50

Contribution

C. 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 ▼ 375.00

Date of Receipt 06 / 15 / 2010

Transaction ID: SA11AI.17443

Amount of Each Receipt this Period 125.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 270.84

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

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

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

FOR LINE NUMBER: PAGE 32 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Neuenschwander
Mailing Address CNA Plaza
City 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 ▼ 250.02
Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17383
Amount of Each Receipt this Period 83.34
Contribution

B. 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 ▼ 240.00
Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17360
Amount of Each Receipt this Period 80.00
Contribution

C. Full Name (Last, First, Middle Initial)
Raymond Oral
Mailing Address CNA Plaza
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 ▼ 1000.00
Date of Receipt 05 / 18 / 2010
Transaction ID: SA11AI.17756
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1163.34
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)
Nancy Osborn

Mailing Address 333 S. Wabash

City Chicago State IL Zip Code 60604

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: SA11AI.17473
 Amount of Each Receipt this Period: 300.00
 Contribution

B.

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

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 ▼ 1000.00

Date of Receipt: 05 / 15 / 2010
Transaction ID: SA11AI.17485
 Amount of Each Receipt this Period: 1000.00
 Contribution

C.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17466
 Amount of Each Receipt this Period: 166.68
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1466.68

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 52
(check only one)

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

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

A.

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 15 / 2010
Transaction ID: SA11AI.17734
 Amount of Each Receipt this Period 83.34
 Contribution

B.

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

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 ▼ 750.04

Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.17478
 Amount of Each Receipt this Period 416.68
 Contribution

C.

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

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 ▼ 500.00

Date of Receipt 04 / 19 / 2010
Transaction ID: SA11AI.17757
 Amount of Each Receipt this Period 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1000.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<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 Rice		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17475
Name of Employer CNA Insurance		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Vicky Russell		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17482
Name of Employer CNA Insurance		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Thomas Scott		Date of Receipt
	Mailing Address CNA Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60685
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17486
Name of Employer CNA		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 52
(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)
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 ▼
250.00

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

Transaction ID: SA11AI.17725

Amount of Each Receipt this Period
62.50

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 ▼
416.68

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

Transaction ID: SA11AI.17467

Amount of Each Receipt this Period
166.68

Contribution

C.

Full Name (Last, First, Middle Initial)
Kevin Shyne

Mailing Address CNA Plaza

City State Zip Code
Chicago ID 60685

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

Name of Employer CNA Occupation Execurive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.17760

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **529.18**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 52
(check only one)

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

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

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17384
 Amount of Each Receipt this Period: 83.34
 Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17385
 Amount of Each Receipt this Period: 83.34
 Contribution

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

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: 04 / 19 / 2010
Transaction ID: SA11AI.17761
 Amount of Each Receipt this Period: 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 666.68

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 52

(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 Stapleton

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.17726

Amount of Each Receipt this Period

62.50

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Stapleton

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.17444

Amount of Each Receipt this Period

125.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ronald Stegeman

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
CNA Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.68

Date of Receipt

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

Transaction ID: SA11AI.17446

Amount of Each Receipt this Period

125.00

Contribution

SUBTOTAL of Receipts This Page (optional)

312.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 52
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Michelle Stegmann

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Insurance Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: SA11AI.17763
Amount of Each Receipt this Period: 300.00
Contribution

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

Mailing Address CNA Plaza

City Chicago State IL Zip Code 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 18 / 2010
Transaction ID: SA11AI.17764
Amount of Each Receipt this Period: 500.00
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 ▼ 233.36

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17356
Amount of Each Receipt this Period: 66.68
Contribution

SUBTOTAL of Receipts This Page (optional) ► 866.68

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

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

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

FOR LINE NUMBER: PAGE 40 / 52

(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)
Edward Tafe

Mailing Address 333 S. Wabash

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
CNA Executive

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

Date of Receipt

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

Transaction ID: SA11AI.17426

Amount of Each Receipt this Period

100.00

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
CNA Insurance Executive

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

Date of Receipt

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

Transaction ID: SA11AI.17386

Amount of Each Receipt this Period

83.34

Contribution

C.

Full Name (Last, First, Middle Initial)
Cynthia Traczyk

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer Occupation
CNA Executive

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

Date of Receipt

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

Transaction ID: SA11AI.17387

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

266.68

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

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

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

FOR LINE NUMBER: PAGE 41 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17388
Amount of Each Receipt this Period: 83.34
Contribution

B. 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 ▼ 250.02

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17389
Amount of Each Receipt this Period: 83.34
Contribution

C. Full Name (Last, First, Middle Initial)
Mark Verheyen

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.68

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.17447
Amount of Each Receipt this Period: 125.00
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: PAGE 42 / 52

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marie-Eve Vesel 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0 Transaction ID: SA11AI.17476 Amount of Each Receipt this Period 300.00 Contribution
B.	Full Name (Last, First, Middle Initial) Gregory Vezzosi Mailing Address CNA Center 333 S. Wabash City State Zip Code Chicago IL 60604 FEC ID number of contributing federal political committee. C Name of Employer Occupation CNA Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0 Transaction ID: SA11AI.17468 Amount of Each Receipt this Period 166.68 Contribution
C.	Full Name (Last, First, Middle Initial) Michael Warrick Mailing Address CNA Plaza City State Zip Code Chicago ID 60685 FEC ID number of contributing federal political committee. C Name of Employer Occupation CNA Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0 Transaction ID: SA11AI.17765 Amount of Each Receipt this Period 1000.00 Contribution

SUBTOTAL of Receipts This Page (optional)	1466.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 52
(check only one)

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

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

A.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17727

Amount of Each Receipt this Period
62.50

Contribution

B.

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

Mailing Address CNA Plaza

City State Zip Code
Chicago IL 60685

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

Name of Employer CNA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.17448

Amount of Each Receipt this Period
125.00

Contribution

C.

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

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.17767

Amount of Each Receipt this Period
2000.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 44 / 52
(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 Wurzler		Date of Receipt																					
	Mailing Address CNA Plaza		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	5		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.17449																				
	Chicago	IL	60604	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	125.00																					
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 ▼ 293.00																						

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 52
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Republican House Victory Committee		Date of Receipt
Mailing Address PO Box 11494		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
City	State	Zip Code
Tempe	AZ	85284
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA15.17811
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Stop Payment of Contribution written 10/30/09- Line 29
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Republican Senate Victory Committee		Date of Receipt
Mailing Address PO Box 11494		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
City	State	Zip Code
Tempe	AZ	85284
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA15.17813
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Stop Payment of Contribution written 10/30/09- Line 29
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 52

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

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

<p>A. Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 14</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17777</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA</p> <p>Mailing Address PO BOX 301141</p> <p>City INDIANAPOLIS State IN Zip Code 46230</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17787</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN FEDERAL ACCOUNT</p> <p>Mailing Address 222 W. Washington Avenue Suite 150</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17784</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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 47 / 52

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

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

A.	Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE	Transaction ID: SB23.17779 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	1	0														
	Mailing Address PO BOX 6545		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">1000.00</td> </tr> </table>	Amount of Each Disbursement this Period										1000.00									
Amount of Each Disbursement this Period																							
1000.00																							
	City VISALIA	State CA	Zip Code 93290																				
	Purpose of Disbursement Contribution	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Candidate Name	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: CA District: 21																						
B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.17778 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	1	0														
	Mailing Address PO Box 746		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">1000.00</td> </tr> </table>	Amount of Each Disbursement this Period										1000.00									
Amount of Each Disbursement this Period																							
1000.00																							
	City Bismarck	State ND	Zip Code 58502																				
	Purpose of Disbursement Contribution	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Candidate Name	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: ND District: 00																						
C.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS	Transaction ID: SB23.17775 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	1	0														
	Mailing Address PO BOX 1050		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">2500.00</td> </tr> </table>	Amount of Each Disbursement this Period										2500.00									
Amount of Each Disbursement this Period																							
2500.00																							
	City Bourbonnais	State IL	Zip Code 60914																				
	Purpose of Disbursement Contribution	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Candidate Name	<table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: IL District: 11																						

SUBTOTAL of Disbursements This Page (optional)	4500.00	
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	

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 48 / 52

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

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

<p>A. Full Name (Last, First, Middle Initial) NELSON 2012</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17789 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF WISCONSIN</p> <p>Mailing Address 148 E. Johnson Street P.O. Box 31</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17783 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Roskam for Congress</p> <p>Mailing Address 423 W. Wesley Street</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.17770 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: SB23.17773 Date of Disbursement
	Mailing Address 217 Third Street, SE	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS	Transaction ID: SB23.17785 Date of Disbursement
	Mailing Address P. O. Box 1919 P. O. Box 1919	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS	Transaction ID: SB23.17769 Date of Disbursement
	Mailing Address PO BOX 10555	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City PEORIA State IL Zip Code 61612	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Husted for Ohio	Transaction ID: SB29.17794 Date of Disbursement
	Mailing Address 100 E. Broad Street Suite 2225	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Pennsylvania Insurance PAC	Transaction ID: SB29.17795 Date of Disbursement
	Mailing Address 1600 Market Street Suite 1520	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Rick Perry for Governor	Transaction ID: SB29.17804 Date of Disbursement
	Mailing Address PO Box 2013 PMB 217	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Austin State TX Zip Code 78767	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sibley for Senate	Transaction ID: SB29.17796 Date of Disbursement 05 / 24 / 2010
	Mailing Address 1 E Greenway Plaza Ste 225	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77046	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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.	Full Name (Last, First, Middle Initial) Texans for Rick Perry	Transaction ID: SB29.17793 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO Bix 2013	Amount of Each Disbursement this Period 2500.00
	City Austin State TX Zip Code 78768-2013	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Tom Corbett for Governor	Transaction ID: SB29.17800 Date of Disbursement 06 / 24 / 2010
	Mailing Address 200 North Third Street 13th Floor	Amount of Each Disbursement this Period 1000.00
	City Harrisburg State PA Zip Code 17101	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	23000.00