

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

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

FOR LINE NUMBER: PAGE 54 OF 142

(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Steven, E, ,**

Mailing Address 5565 Glenridge Connector NE  
Glenridge Highlands II

City Atlanta State GA Zip Code 30342-1651

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Continental Casualty Company

Occupation (for Individual)  
AVP, Product Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 201912109455-2**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jordan, Daniel, G, ,**

Mailing Address 151 N Franklin St

City Chicago State IL Zip Code 60606-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Continental Casualty Company

Occupation (for Individual)  
AVP, Claims Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2019

**Transaction ID : 2019091010575-31**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jordan, Daniel, G, ,**

Mailing Address 151 N Franklin St

City Chicago State IL Zip Code 60606-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Continental Casualty Company

Occupation (for Individual)  
AVP, Claims Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : 2019100911335-31**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

91.67