

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CNA Financial Corporation Citizens for Good Government

ADDRESS (number and street) 151 N Franklin St 9th Floor

(Check if address is changed)

Chicago CITY ▲ IL STATE ▲ 60606 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) CNACitizensforGoodGovernment@cna.com

Optional Second E-Mail Address fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 12 / 2024

3. FEC IDENTIFICATION NUMBER C C00078287

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Coffey, Michael, P, ,

Signature of Treasurer Coffey, Michael, P, , Date 06 / 12 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

CNA Financial Corporation Citizens for Good Government

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CNA Financial Corporation

Mailing Address

151 N Franklin St 9th Floor

Chicago

IL

60606

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Coffey, Michael, P, ,

Mailing Address

151 N Franklin St 9th Floor

Chicago

IL

60606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

312

822

4376

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Coffey, Michael, P, ,

Mailing Address

151 N Franklin St 10th Floor

Chicago

IL

60606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

312

822

4376

Full Name of Designated Agent

Hill, Ryan, , ,

Mailing Address

151 N Franklin St 15th Floor

Chicago

IL

60606

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

312

822

6652

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase

Mailing Address

Chase Tower 10 S Dearborn

Chicago

IL

60603

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

This registration is being amended to remove Loews Corporation Public Affairs Committee as an affiliated committee, the committee is now terminated. It is also being amended to update the email addresses and officers.

Form/Schedule:

Transaction ID:

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Boardwalk GP LLC Public Affairs Committee (Boardwalk Public Affairs Committee)

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲