711 CAPITOL WAY RM 206

## Employer's

THIS SPACE FOR OFFICE USE

	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	Lobbying E	Expenses	1/09	DE(	CEIVED
1.	Employer's Name (Use complete company, association, union or	entity name.)			, NEC	CEIVED
	Continental Casualty Company				ברח	0.7.0
	Attention (Identify person to whom inquiries about the information	on below should be directed; NO	T the lobbyist.)		ורנט	27 2017
	Joseph A. Manero, Assistant Vice President	,		· .	<u> </u>	
	Mailing Address		Telephone		iblic Disclos	sure Commission
	333 S. Wabash Ave, 43 <sup>rd</sup> Floor		(713) 513-6256			
	City State	Zip + 4	E-Mail Address		Year Report	Covers
	Chicago IL	60604	Joseph.Manero@cna.c		2016	
Wa:	IS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEB</u> shington State Legislature and/or any state agency. Complete	all sections. Use "none" or "0	" when applicable.			
	Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were madegislative candidates, reimbursement for entertainment expenses, through lobbyists in the space designated.	de by or through the lobbyist and	reported by the lobbyist o	n the monthly	L-2 report (e	.g., contributions to
	Names of Registered Lobbyists (if payments were to lobbying fi	irm, list firm name)	Col 1-Salary	Col	2-Other	Total Amount
		*	\$	\$		\$
Gai	no and Associates		42,000	)	7000	49000
		Total From Attached Page	ge			
	Information continued on attached pages		Total Expenses	By or Throug	gh Lobbyists	\$ 49000
DO	NOT INCLUDE EXPENDITURES ALREADY ACCOUNTE	ED FOR IN ITEM 2 ABOVE w	hen completing Items 3 t	hrough 7 bel	ow.	
	Other expenditures made by the employer for lobbying purposes.					•
	a. to vendors on behalf of or in support of registered lobbyists (e	•				s 0
	b. to or on behalf of expert witnesses or others retained to provide the employer's lobbying effort;	de lobbying services who offer s	pecialized knowledge or ex	spertise that a	ssists	0
	c. for entertainment, tickets, passes, travel expenses (e.g., transp legislators, state officials, state employees and members of th			s provided to		0
	d. for composing, designing, producing and distributing informa	ational materials for use primarily	y to influence legislation; a	ınd		0
e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).					0	
4.	Political contributions to candidates for legislative or statewide excommittees supporting or opposing statewide ballot measures. (A	Also complete Item 10.)		indidates, or		
	a. Contributions made directly by the employer, including those	previously reported on PDC For	rm L-3c.			16700.00
	<ul> <li>If contributions were made by a political committee associate (Information reported by the PAC on C-4 reports need not be</li> </ul>			name below.		0
	Name of PAC					
5. Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)					0	
5.	Expenditures to or on behalf of legislators, state officials, or their influencing, honoring or benefiting the legislator or official. (Nor	spouse, registered domestic part rmal course of business payments	ner and dependents for the s are not reportable.) (Also	purpose of complete Item	n 14.)	0
<ol> <li>Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show recipient, purpose and amount). Do not include payments accounted for above.</li> </ol>				se (i.e., show	date,	0
	·		Total	l Lobbying E	xpenses	\$ 65700.00
					2 thru 7)	
8	This report must be certified by the president, secretary-treasurer	or similar office of lobbying emp	oloyer.			
	tification: I certify that this report is true, complete and correwledge.	ect to the best of my Si	gnature of Employer offic	eer		Date

Joseph A. Manero, Assistant Vice President

. . į

L3

D - \$40,000 to \$99,999 E - \$100,000 or more

Employer's Name		Year report covers:			
Continental Casualty Company	<del></del>	2016			
9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.					
Name and Title		Cost or Value	Date and Description of Expense		
None		<b> </b>			
None	,	, <b>D</b>			
			1		
	•				
☐ Information continued on attached pages					
10. Contributions (not reported by the lobbyist) totaling over	\$25 to a legislative or statewide ex	ecutive office candidate	te, a committee formed to support or oppose one of these		
candidates or a committee supporting or opposing a state					
Name of Recipient		Amount	Date (and, if In-Kind, Description)		
Enterprise Washington Jobs PAC		10,000.00	6-20-16		
Greg Zembel for Justice		2,000.00	6-23-16		
Independent expenditures in support of or opposition to a	) a logislativa or statewide evenutiv	a office condidate or b	) a statauida hallat manasitian		
See instruction manual for definition of "independent	expenditure."	e office candidate of t	a statewide banot proposition.		
Candidate's Name, Office Sought &		Amount	Date and Description of Expense		
Ballot Proposition Number & Brief D	escription		(Note if Support or Oppose)		
None		\$			
☐ Information continued on attached pages		,			
12. Compensation of \$2,000 or more during the preceding ca	lendar year for employment or prof	l essional services paid	to state elected officials, successful candidates for state		
office and each member of their immediate family.					
Name	Relationship to Candidate or Elected Official if Member of	Amount (Code)**	Description of Consideration or Services Exchanged for		
	Family		Compensation		
NT					
None					
Information continued on attached pages  13. Compensation of \$2,000 or more during the preceding ca	lendar year for professional service	e naid to any cornorati	on partnership joint venture association or other entity		
in which state elected official, successful state candidate	or member of their immediate family	y hold office, partners	ship, directorship or ownership interest of 10% or more.		
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for		
			Compensation		
None			,		
☐ Information continued on attached pages		4			
14. Any expenditure, not otherwise reported, made directly of	I r indirectly to a state elected officia	l, successful candidate	for state office or member of their immediate family, if		
made to honor, influence or benefit the person because of his or her official position.					
Name		Amount	Date and Purpose		
None	•	\$			
☐ Information continued on attached pages					
**DOLLAR **DOLLAR					
	DUNT	CODE			

A - \$1 to \$3,999 B - \$4,000 to \$19,999 C - \$20,000 to \$39,999

## 

(Use this page if you need additional space for Items 2 or 9)				L3	,
(Use this page if you need additional space for Items 2 or 9) Employer's Name Continental Casualty Company	Year report covers: 2016				
2. Names of Registered Lobbyists		Col 1-Salar	ry	Col 2-Other	Total Amount
•					
				·	
					,
				***	
-					
				THE SAME AMOUNT OF THE SAME AND THE SAME AMOUNT OF	
Total From This Pa	age	,			
Entertainment, etc.     Name and Title		Cost or Value		Date and Descripti	on of Expense
	\$				
•					
		ļ			

L3

(Use this page if you need additional space for Items 10 or 11) Employer's Name Year report covers: Continental Casualty Company 2016 10. Contributions Name of Recipient Amount Date (and, if In-Kind, Description) \$ David DeWolf for Justice 2000.00 6-23-16 Friends of Ann Rivers 500.00 6-23-16 Friends to Elect Lynda Wilson 500.00 6-23-16 Sen Committee for Mark Schoesler 1000.00 6-23-16 Friends of Dan Kristiansen 1000.00 6-23-16 Citizens for Steve Litzow 500.00 6-23-16 Friends of Hans Zeiger 500.00 6-23-16 Friends of Steve Oban 500.00 6-23-16 11. Independent expenditures Candidate's Name, Office Sought & Party or Amount Date and Description of Expense Ballot Proposition Number & Brief Description (Note if Support or Oppose) \$

## INFORMATION CONTINUED (Use this page if you need additional space for Items 12 thru 14)

\_3

Employer's Name	mu 14)	Year	r report covers:
Continental Casualty Company	2016		
12. Compensation of \$2,000 or more for employment, etc.			
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for
	Elected Official if Member of Family		Compensation
~	ramity		
	•		
	Ť		
•			
	-		
	• •		
13. Compensation of \$2,000 or more for professional services	S		I
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for
			Compensation
		•	
		,	
	'		
			,
		,	,
14. Any expenditure not otherwise reported			
Name		Amount	Date and Purpose
			, sale and Larpose
		\$	
	-		,
			•
·			
		,	
`			

\*\*DOLLAR CODE AMOUNT

A - \$1 to \$3,999

B - \$4,000 to \$19,999

C - \$20,000 to \$39,999

\*\*DOLLAR CODE AMOUNT

> D - \$40,000 to \$99,999 E - \$100,000 or more