REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 16 P 2:30

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
CNA Financial Corporation Citizens for Good Government

ADDRESS (number and street) ☐ Check if different than previously reported
CNA Plaza - Corporate Tax (24 South)

CITY, STATE and ZIP CODE
Chicago, IL 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 63,329.21
(b) Cash on Hand at Beginning of Reporting Period	$ 63,329.21	
(c) Total Receipts (from Line 19)	$ 95,225.00	$ 95,225.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$158,554.21	$158,554.21
7. Total Disbursements (from Line 30)	$ 16,325.00	$ 16,325.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 142,229.21	$ 142,229.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer John J. Sullivan, Jr.

Signature of Treasurer John J. Sullivan Jr. Date 1/9/01

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

FEC FORM 3X
(revised 9/98)

FEC/M088

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: CVA Financial Corporation Citizens for Good Government

REPORT COVERING PERIOD FROM 1/1/99 TO: 6/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	72,975	72,975	11(a)i
ii. Unitemized	22,250	22,250	11(a)ii
iii. Total (add i and ii) ➤	95,225	95,225	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	95,225	95,225	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	95,225	95,225	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	95,225	95,225	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,000	16,000	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	325	325	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	325	325	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,325	16,325	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,325	16,325	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	95,225	95,225	32
33. Total Contribution Refunds (from line 28d)	325	325	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	94,900	94,900	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 23

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Katz CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Wallace CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Sehr CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clarice Caithamer CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Merrick CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephan Bruce CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rowley CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Quehl CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/1/99	$500.00
B. Michael Henderson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/1/99	$325.00
C. William Adamson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	3/3/99	$750.00
D. Sendra Beger CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00
E. Peter Conway CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	3/3/99	$750.00
F. Thomas Deyulia CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/3/99	$500.00
G. Philip Engel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	3/3/99	$750.00

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Garner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00
B. Allan Hemann CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00
C. Robert Holman CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00
D. Gary Kerchner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/3/99	$250.00
E. Roy Kleckner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00
F. Debra McClenahan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/3/99	$500.00
G. Paul Mueller CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/3/99	$325.00

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Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Kyle Nieman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Marty Oosterbaan CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
C. N. David Robinson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Andrew Shapiro CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. William Shazkey CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
F. Lawrence Worthey CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
G. Pamela Dempsey CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/3/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

SUBTOTAL of Receipts This Page (optional) >

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harold Teel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/3/99	$325.00
B. David Bochner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 250.00	3/4/99	$250.00
C. Randall Brown CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/4/99	$500.00
D. Judy Delich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/4/99	$325.00
E. Thomas Gill CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/4/99	$500.00
F. Peter Goode CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/4/99	$325.00
G. Paul Hennessy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/4/99	$325.00

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CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Nejman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/4/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Cynthia Traczyk CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/4/99	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 300.00		
C. James Wright CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/4/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Steven Freund CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/4/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
E. Denielle Barcilon CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
F. Mark Bartusch CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
G. Karen Campbell CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Diane Carco CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10 /99	$500.00
B. Tom Duffy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10/99	$500.00
C. Connie Eggleston CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00
D. Brian Flanagan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 300.00	3/10/99	$300.00
E. Linda Flatt CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00
F. James Flood CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	3/10/99	$750.00
G. Carl Friedrich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10/99	$500.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gillis CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Myron Hendry CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Hennessy CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Harper CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Jokiel CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sherry Kelley CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McCoy Kirkham CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kenneth Klinger CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10/99	$500.00
B. Julie Kronbach CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10/99	$500.00
C. Brian Loebach CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00
D. Tim Malden CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/10/99	$500.00
E. Karla Mansfield CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00
F. James Meyer CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00
G. Norman Nodulman CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/10/99	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Lance Nogle CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. John Porter CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Tony Saratore CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
D. Larry Schroeder CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. Robert Shepherd CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. John Sullivan CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
G. David Washburn CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/9	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. John Magee CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/10/99	$325.00
B. Matthew Rohr CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/10/99	$325.00
C. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $		
E. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $		

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wittenbrink CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/10/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Beckman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Borland CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Edwards CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurie Georgianna CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Laney CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilou McGirr CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan McGory CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Moeller CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Munn CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diana Sandlin CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Enid Tanenhaus CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurel Ward CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Borgeson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/11/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Vito Bell CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Michael Bobrowski CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Antonette Bove CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Patrick Cannassa CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 300.00		
E. William Casey CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. Barry Cordeiro CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
G. Karen Danielewicz CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph Erickson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
B. Michael Fitzgerald CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
C. David Gebhardt CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
D. William Herberton CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
E. Thomas B. Johnson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/15/99	$500.00
F. Richard Kerr CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
G. Timothy Knott CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Kooken CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/15/99	$500.00
B. James Lemmon CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
C. Barbara Niehus CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/15/99	$500.00
D. Frances Pacheco CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/15/99	$500.00
E. Paul Rego CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	3/15/99	$500.00
F. Kimberly Riley CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00
G. Judith Samuel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	3/15/99	$325.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Wilson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Wise CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/15/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bierschied CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry D. Bowlin CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Dittman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Fleischner CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paula Jagla CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steve Grace CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	3/17/99	$325.00
B. L. Gugenheim CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	3/17/99	$325.00
C. David McSweeney CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 500.00	3/17/99	$500.00
D. Jeffrey Rohrer CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 500.00	3/17/99	$500.00
E. Tim Saltmarsh CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	3/17/99	$325.00
F. Audrey Hanrahan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	3/17/99	$325.00
G. Margaret Steck CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	3/17/99	$325.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Stone CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Upman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Nestman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leroy Lewis CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Froelich CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joel Feldman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Anderson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		

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SCHEDULE A

Itemized Receipts

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Barnard CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/99	$325.00
Lee Benisek CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/99	$325.00
Peter Beresford CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/99	$325.00
Susan Goulet CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/9	$325.00
B. Hengesbaugh CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $750.00	3/22/99	$750.00
George Hides CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/99	$325.00
Mary Ramney CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/22/99	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nazneen Razi CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/22/99	$325.00
B. Sandra Ricketts CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/22/99	$325.00
C. Federick Robertie CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/22/99	$500.00
D. Randy Rulland CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/22/99	$325.00
E. David Thomson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/22/99	$500.00
F. John VanDecker CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/22/99	$325.00
G. Ralph Vuono CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/22/99	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Receipt For	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. LaDawn Williams CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	3/22/99	$325.00
B. Ernest Lausier CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 750.00	3/22/99	$750.00
C. David Ballard CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	3/31/99	$325.00
D. Kevin Battle CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	3/31/99	$325.00
E. Michael Berkery CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	3/31/99	$500.00
F. Thomas Burns CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	3/31/99	$325.00
G. Michael Ferrante CNA PLAZA CHICAGO, IL 60685	☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	3/31/99	$325.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Garcia CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
B. Dale Hart CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
C. Eva Hoffmann CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
D. James Jackson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
E. Gary Johnson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
F. Timothy Moriarty CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	3/31/99	$325.00
G. Lew Nathan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	3/31/99	$500.00

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Rohan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/31/99	$325.00
B. Stephen Siemer CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/31/99	$325.00
C. Renate Renfro CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	3/31/99	$325.00
D. Robert Vangieson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $750.00	3/31/99	$750.00
E. Jae Wittlich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $750.00	3/31/99	$750.00
F. Rita Cooper CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	3/31/99	$500.00
G. Robert James CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	3/31/99	$500.00

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Bartol CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 300.00	4/6/99	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Douglass CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/6/99	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hides CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/6/99	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Darlene McKenzie CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/6/99	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Sudzuis CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	4/6/99	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Taylor CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	4/6/99	$750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sherry Anderson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/30/99	$325.00

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

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SCHEDULE A

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cashion CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kennett Cook CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Donnelly CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Ferguson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Graham CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Kulbick CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Larson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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SCHEDULE A

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Mann CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Skorubekas CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Gengler CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Woodliff CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/30/99	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Core CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/19/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kurt Goebel CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/19/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Keebler CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/19/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Whitehouse CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/19/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 72,975

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Fitzgerald for Senate 50 North Brockway, Suite 4-9 Palatine, IL 60067	contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	1/25/99	$1,000
B. Friends of John Boehner 7908-1 Cincinnati Dayton Road West Chester, OH 45069	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	2/23/99	$ 500
C. Oxley For Congress Box 1998 Findlay, OH 45839	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	2/23/99	$ 500
D. McCrery for Congress 1900 CNB Tower Shreveport, LA 71101	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	2/23/99	$ 500
E. Judy Biggert for Congress PO Box 16021 Alexandria, VA 22302	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	3/10/99	$ 500
F. Dr. Michael Henderson 3870 R.F.D. Woods End Long Grove, IL 60047	Refund Disbursement for: [ ] Primary [ ] General [x] Other (specify) Refund	4/15/99	$325
G. Fitzgerald for U.S. Senate 128 North Columbus Street Alexandria, VA 22314	contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/19/99	$1,000
H. Friends of Dick Durbin PO Box 75214 Washington, DC 20013-5214	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/19/99	$1,000
I. Citizens for Gilman 4451 Brookfield Corporate Drive, Ste.200 Chantilly, VA 20151 -1652	contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	4/19/99	$1,000

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

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

FE9AN084

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Friends of Slade Gordon 10806 SE 16th Street Bellevue, WA 98004	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/15/99	$5,000
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
AIA Federal PAC 1130 Connecticut Ave., NW, #1000 Wkashington, DC 20036	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/30/99	$5,000
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peric**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peric**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peric**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peric**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peric**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) 10,325

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 1-9-01
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

1-16-01
DATE PREPARED

(6/2000)