RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 31 12 34 PM '97

CNA INSURANCE COMPANIES

CNA Plaza, Chicago, Illinois 60685

John J. Sullivan, Jr.
Group Vice President
Corporate Tax Division
(312) 822-7736
Fax: (312) 822-2956

January 27, 1997

Federal Election Commissioner
999 E. Street
Washington, DC 20489

Gentlemen:

Enclosed is a copy of FEC form 3X covering CNA Financial Corporation Citizens for Good Government's receipts and disbursements for the period of November 26, 1996 through December 31, 1996.

Yours very truly,

John J. Sullivan, Jr.

John J. Sullivan Jr.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 31 12 34 PM '97

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
C000078287

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

☐ Twelfth day report preceding _____ _____ (Type of Election) election on _____ _____ in the State of _____

☐ Thirtieth day 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 11/26/96 through 12/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 137,772.86
(b) Cash on Hand at Beginning of Reporting Period	$ 66,194.05	
(c) Total Receipts (from Line 19)	$ 68,725.00	$ 96,900.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 134,919.05	$ 234,673.55
7. Total Disbursements (from Line 30)	$ 0.00	$ 99,754.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 134,919.05	$ 134,919.05
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 202-219-3420

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: 1/27/97

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 8/93)

FE6A1068

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

(revised 1/1/91)

NAME OF COMMITTEE: CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

REPORT COVERING PERIOD FROM 11/26/96 TO: 12/31/06

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$51,575.00	$68,350.69	11(a)(i)
ii. Unitemized	17,150.00	28,050.00	11(a)(ii)
iii. Total (add i and ii) ➤	68,725.00	96,400.69	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) ➤	68,725.00	96,400.69	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		500.00	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) ➤	68,725.00	96,900.69	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	68,725.00	96,900.69	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	0.00	98,750.00	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			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) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤		98,750.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤		98,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	68,725.00	96,400.69	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	68,725.00	96,400.69	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

FE8AN060

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 24

FOR LINE NUMBER

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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. PAT KUBERA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$400.00
B. ROBERT VAN GIESON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$400.00
C. MICHAEL FITZGERALD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
D. RICHARD KROPP CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
E. FRANK RINALDI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
F. THOMAS AIDE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
G. PETER CONWAY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$400.00

SUBTOTAL of Receipts This Page (optional)	$ 2,200.00
TOTAL This Period (last page this line number only)	

FE6AN:35

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MANGAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANDREA ANDRUS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DONALD GILLIS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN FLATT CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT GIARRUSSO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAMES DOUGLASS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
P. RODNEY MORRIS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAMES WILSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS JOHNSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN WITTENBRINK CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PETER N. MURPHY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAMES MACDONALD CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP ENGEL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS MUNN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	11/27/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) ..... $ 2,450.00

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

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. WILLIAM LOUGHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$250.00
B. RICHARD RUDDICK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$400.00
C. FRANK WATERS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$400.00
D. ELIZABETH EISS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$400.00
E. KEVIN BATTLE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$250.00
F. CLARICE CALTHAMER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$400.00
G. DAVID BIERSCHIED CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	11/27/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,350.00

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

SCHEDULE A

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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. FRED DANIELEWICZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
B. ROBERT LEE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
C. EDWARD MICHAELS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. JOHN KOHN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. WILLIAM NAIL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
F. THOMAS GILL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
G. RONALD VENTRELLA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 1,900.00

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

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. VIRGINIA SINKUS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
B. CHRIS DI DIPIO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
C. BERNARD HENGESBAUGH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$500.00
D. THOMAS UPMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
E. MICHAEL NEJMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
F. RICHARD DUBBERKE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$250.00
G. RIMA SKORUBASKAS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $	11/27/96	$400.00

SUBTOTAL of Receipts This Page (optional)	$ 2,150.00
TOTAL This Period (last page this line number only)	

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN GLANCY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAE WITTLICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL BERKERY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BOCHNER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY MORIARTY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DANIELLE BARCILON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DONALD LOWRY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$500.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,700.00

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

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. JAMES LEMMON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
B. ALAN HAMANN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
C. EDWARD WOYNICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. MICHAEL REILLY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. ANTHONY SARATORE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
F. ADRIAN TOCKLIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$500.00
G. MARK VONNAHME CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00

SUBTOTAL of Receipts This Page (optional) > $ 2,450.00

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

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. PAULA JAGLA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
B. CHESTER MCLIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
C. THOMAS BEYER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. RONALD ROECKER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. PAUL REGO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
F. KYLE NIEMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
G. JEFFREY ROHRER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,050.00

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

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. JODELL KEEPLER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
B. REINA GREGORIO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
C. FRANK SORICELLI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. LYNN GUGENHEIM CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. MICHAEL MCGAVICK CNA PEAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
F. TIMOTHY MADDEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
G. JAMES CAROLLO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,200.00

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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SULLIVAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BARRY CORDEIRO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CARL CASTOLDI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GARY KERCHNER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CARL FRIEDRICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROGER GRAHAM CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WAYNE SMITH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$500.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,300.00

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

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. THOMAS DONNELLY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
B. JULIE KRONBACH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
C. BARBARA NIEHUS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
D. JAMES CANAVAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
E. MICHAEL MARCHESANI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
F. COLIN BRUMMET CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
G. DOROTHY PIAGNARELLI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,200.00

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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GERALD FOLEY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTY HOWARD CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LARRY BOYSEN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WARREN EDWARDS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS DEYULIA CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN DOUGLASS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID ANDERSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > $ 1,900.00

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

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL CACCHIONE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PAMELA DEMPSEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS STILLMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST LAUSTER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PAULA HAYS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GLENN TIPPY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAY WILLIAMS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00

SUBTOTAL of Receipts This Page (optional) > $ 2,050.00

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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
A. JAMES LARSON 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
B. LINDA EATLY 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
C. 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: $		$250.00
D. PETER WILSON 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
E. 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: $		$250.00
F. VITO BELL 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
G. ROBERT BITCHIE 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

SUBTOTAL of Receipts This Page (optional) $ 1,750.00

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FE50N136

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. MARGARET MCCOY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
B. LARY RAND CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$500.00
C. ROBERT AYO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
D. WILLIAM WEINER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00.
E. THOMAS ARIES CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
F. CYNTHIA HARBOLD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
G. GEORGE BUSCHE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,000.00

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

FE9AN135

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HAROLD RONIN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PETER CARROLL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM CASEY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS BURNS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN MOGORY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEW NATHAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT LONG CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 2,050.00

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CHARLES MCCLENAHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$400.00
B. KENNETH KLINGER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
C. CYNTHIA WOOD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
D. JOHN TRAYNOR CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
E. RANDALL HOLLENBECK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
F. JEFFREY KATZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00
G. BRUCE SUNDQUIST CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/2/96	$250.00

SUBTOTAL of Receipts This Page (optional) > $ 1,900.00

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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD HOLTON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAMES FLOD CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT POSTAL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD QUEHL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS SKIBBA CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. LARRY ALFREE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM ADAMSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	12/2/96	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) ..... $ 2,400.00

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

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. MATTHEW ROHR CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/2/96	$250.00
B. WILLIAM LINK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/2/96	$400.00
C. PETER BERESFORD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/2/96	$250.00
D. PAUL HOURIHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$400.00
E. DAVID STONE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$400.00
F. DANIEL BARTOL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$250.00
G. DONN VUCOVICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$400.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,350.00

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

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. CHRISTOPHER DYE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
B. ROSEMARIE ROGERS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
C. ZAVEN KAZAZIAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
D. WILLIAM SEYBOTH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$400.00
E. KARLA MANSFIELD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
F. CRAIG LANDI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
G. RENATE RENFRO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 1,900.00

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

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. JAMES PETTORINI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$400.00
B. GARY DITTMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$525.00
C. ANDREW CARPENTER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
D. ROBERT MOVELLE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$400.00
E. DOUGLAS MAY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00
F. 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 > $	12/5/96	$250.00
G. VINCENT KIVLEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/5/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,325.00

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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JON LEVY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD GARNER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GARY STEWART CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/5/96	$400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JANE LARSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/11/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN LUSK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/11/96	$400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS WILCZEK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/11/96	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DALE HART CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	12/11/96	$250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,200.00

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

SCHEDULE A

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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 ALDORISIO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/20/96	$250.00
B. DAVID CUMMING CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/20/96	$500.00
C. JAMES MEYER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/20/96	$250.00
D. WILLIAM JENNINGS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/20/96	$400.00
E. RANDALL BROWN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	12/20/96	$400.00
F. DAVID RENZE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	11/27/96	$250.00
G. CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... $ 2,050.00

TOTAL This Period (last page this line number only) $51,575.00

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 1-28-97
☐	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

JMH
PREPARER

1-31-97
DATE PREPARED

FEC FORM 70-2 (12/92)