CNA INSURANCE COMPANIES

CNA Plaza, Chicago, Illinois 60685

John J. Sullivan, Jr.
Group Vice President
Corporate Tax Division
(312) 822-7738
Fax: (312) 822-2986

April 8, 1996

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 January 1, 1996 through March 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)

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 (24S)

CITY, STATE and ZIP CODE
CHICAGO, ILLINOIS 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 1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 19__		$ 137,772.86
(b) Cash on Hand at Beginning of Reporting Period	$ 137,772.86	
(c) Total Receipts (from Line 19)	$ 19,975.00	$ 19,975.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 157,747.86	$ 157,747.86
7. Total Disbursements (from Line 30)	$ 8,504.50	$ 8,504.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 149,243.76	$ 149,243.76
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., Asst. Treasurer

Signature of Treasurer (Asst.): John J Sullivan Jr.

Date: 4/9/96

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 9/93)

FE6A/000

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

(revised 1/1/9

NAME OF COMMITTEE: Civil Financial Corporation Citizens for Good Government

REPORT COVERING PERIOD FROM 1-1-96 TO: 3-31-96

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)	12,425.00	12,425.00	11(a)(i)
ii. Unitemized	7,550.00	7,550.00	11(a)(ii)
iii. Total (add i and ii) ➤	19,975.00	19,975.00	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) ➤			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) ➤	19,975.00	19,975.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,975.00	19,975.00	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	5,500.00	5,500.00	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	4.50	4.50	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,504.50	5,504.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,504.50	5,504.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19,975.00	19,975.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,975.00	19,975.00	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 7

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
Jeffrey Lohrer CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Soricelli CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Canavan CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Schlitter CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry Cordeiro CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carl Castoldi CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold Cutler CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	1/3/96	$250.00

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

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 7

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. John Polak, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/3/96	$250.00
B. Joseph Erickson, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$250.00
C. John Magee, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$250.00
D. Alan Pritz, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$400.00
E. Robert Anslone, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$250.00
F. Louis Simone, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$250.00
G. Darci Beacom, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	1/12/96	$250.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: A. $250.00; B. $250.00; C. $250.00; D. $400.00; E. $250.00; F. $250.00; G. $250.00

SUBTOTAL of Receipts This Page (optional) 1,900.00

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

FEA/N066

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 7

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. Jeffrey Bossart CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/12/96	$250.00
B. Denise Revello CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/12/96	$250.00
C. Chester McLin CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/12/96	$250.00
D. Tom Blanford CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/12/96	$250.00
E. Douglas Walters CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/26/96	$400.00
F. Michael Sibben CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00
G. Michael Kuken CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 7

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
Kathryn Love CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 525.00	1/26/96	$525.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul Lenzi CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Thewes CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Velasquez CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
L. Franceschini CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/26/96	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward McCabe CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/26/96	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Wehner CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/26/96	$400.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Thomas Upman 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	2/2/96	$250.00
B. Dean Yurovich 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	2/2/96	$250.00
C. Michael Connelly CNA Plaza Chicago, IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	2/2/96	$400.00
D. Christopher DePay 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	2/2/96	$250.00
E. Stephen Russ 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	2/2/96	$250.00
F. James Hugg CNA Plaza Chicago IL 60685 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	2/2/96	$400.00
G. Fredrick Wise 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	2/2/96	$250.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Armando Cassano, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	2/16/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
B. Bradley Williams, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	2/16/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Hector Mendez, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	3/1/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
D. Ronald Ventrella, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	3/1/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
E. Pamela Wrobleski, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	3/1/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
F. Becky Anderson, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	3/22/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
G. Clarice Calthamer, CNA Plaza, Chicago, IL 60685	CNA Insurance Companies / Executive	3/22/96	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		

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

TOTAL This Period (last page this line number only)

FESA006

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

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. Brian Boates 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	3/22/96	$250.00
B. Oliver Prince 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	3/22/96	$250.00
C. Robert Remke 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	3/22/96	$250.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $750.00

TOTAL This Period (last page this line number only) $12,450

FESAN/99

96034102257

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Davis for Congress 5730 W. Division Chicago, IL 60651	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/30/96	$1,000.00
B. Judd Gregg Committee PO Box 1812 Concord, NH 03302	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/30/96	$1,000.00
C. Hoyer for Congress 9805 Adelphia Rd, Ste. 102 Clinton, MD 20735	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/13/96	$500.00
D. Dan Burton for Congress PO Box 50593 Indianapolis IN 46250	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/22/96	$1,000.00
E. Bustle for Congress Committee 4010 Franconia Rd. Alexandria, VA 22310-2136	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/22/96	$500.00
F. Committee to re-elect J.D. Hayworth 9451 Brookfield Corporate Dr. Ste. 200 Chantilly, VA 22021-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/96	$500.00
G. Friends of D'Amato PO Box 588 Mineola, NY 11501	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/96	$1,000.00
H. Burr for Congress PO Box 5723 Winston-Salem, NC 27113	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/96	$500.00
I. Friends of Ray LaHood 9451 Brookfield Corporate Dr - Ste. 200 Chantilly, VA 22021-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/7/96	$500.00

SUBTOTAL of Disbursements This Page (optional) $6,500.00

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

FEDA/A066

9 6 0 3 0 4 1 0 2 5 8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Frisa for Congress 23 Canyon Lane Westbury, NY 11590	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/13/96	$500.00
B. Mico for Congress - 1996 P.O. Box 181546 Casselberry, FL 32718-1546	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/19/96	$500.00
C. Gerald B.H. Solomon Leadership For America Committee 1014 East Capitol Street, NE #5 Washington, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/19/96	$1000.00
D.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $2,000.00

TOTAL This Period (last page this line number only) $8,500.00

FE3AN066

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.

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PREPARER

4-15-96
DATE PREPARED

FEC FORM 70-2 (12/92)

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