REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 AUG -8 P 1:58

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

☐ 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 4/1/00 through 4/30/00		
6. (a) Cash on Hand January 1, 2000		$ 151,664.21
(b) Cash on Hand at Beginning of Reporting Period	$ 146,164.21	
(c) Total Receipts (from Line 19)	$ 37,900.00	$ 37,900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 184,064.21	$ 189,564.21
7. Total Disbursements (from Line 30)	$ 16,750.00	$ 22,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 167,314.21	$ 167,314.21
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 202-219-3420

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 7/21/2000

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/080

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 4/1/00 TO 4/30/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	31,825.00	31,825.00	11(a)(i)
ii. Unitemized	6,075.00	6,075.00	11(a)(ii)
iii. Total (add i and ii) ➤	37,900.00	37,900.00	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) ➤	37,900.00	37,900.00	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) ➤	37,900.00	37,900.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	37,900.00	37,900.00	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	11,750.00	17,250.00	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	5,000.00	5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,750.00	22,250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,750.00	22,250.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			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

FE8AN/F3X

SCHEDULE A

ITEMIZED RECEIPTS

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. Eleanor Bernard CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
B. John Beckman CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
C. Leslie Boughner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
D. Larry Bowlin CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
E. Karen Danielewicz CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
F. Terry Colburn CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
G. James Flood CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	4/5/00	500.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11

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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 Herberton CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	4/5/00	325.00
B. Dawn Jaffray CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	4/5/00	325.00
C. William Loder CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	4/5/00	325.00
D. Debra McClenahan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 500.00	4/5/00	500.00
E. Marty Oosterbaan CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 500.00	4/5/00	500.00
F. Mary Rowney CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 325.00	4/5/00	325.00
G. Fred Wise CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $ 500.00	4/5/00	500.00

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jac Wittlich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
B. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Biershied CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Borland CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
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 > $ 500.00	4/5/00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Cyborski CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Deutsch CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Deyulie CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Tom Doyle CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Tom Duffy CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Connie Eggleston CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Brian Flanagan CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Steven Freund CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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
Mike Gengler CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	4/5/00	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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PAGE 5 OF 11

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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. Laura Greifenkamp CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
B. Bernie Hengesbaugh CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,000.00	4/5/00	1,000.00
C. Paul Hennessy CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
D. Gary Johnson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
E. Jon Kantor CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
F. Jeffrey Kutz CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
G. Ray Eleckner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00

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PAGE 6 OF 11

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carle Mansfield CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael McGavick CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David McSweeney CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/5/00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Menke CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Heidi Nieman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Norman Nadelman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Porter CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $	4/5/00	325.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

Complete Schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 11

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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: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	4/5/00	500.00
B. Randy Rukland CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	4/5/00	325.00
C. Judy Samuel CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	4/5/00	325.00
D. Tim Saltman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	4/5/00	325.00
E. Lisa Sehr CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	4/5/00	325.00
F. Andrew Shapiro CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	4/5/00	325.00
G. John Sullivan CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	4/5/00	500.00

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

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: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
B. Stephen Westman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
C. Joel Feldman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $	4/5/00	500.00
D. Pamela Dempsey CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/5/00	325.00
E. Sherry Anderson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
F. Patrick Lennon CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 300.00	4/11/00	300.00
G. Michael Ferrante CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00

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

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

PAGE 9 OF 11

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. Laurie Georgiana CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
B. Thomas Gill CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/11/00	500.00
C. Roger Graham CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/11/00	500.00
D. Steven Grace CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
E. Audrey Hanrahan CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
F. Dennis Hemme CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
G. Timothy Knott CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00

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

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

PAGE 10 OF 11

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	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Kucaj CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
B. Kevin Krzeminski CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $	4/11/00	325.00
C. James Meyer CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
D. Paul Mueller CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
E. Lance Nagle CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
F. Gary Owens CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,000.00	4/11/00	1,000.00
G. Thomas Lowley CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/11/00	500.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11

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. Raymond Strom CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 375.00	4/11/00	375.00
B. Bradley Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
C. Jay Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	4/11/00	325.00
D. Rex Wolf CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 250.00	4/11/00	250.00
E. Christopher Borgeson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	4/11/00	500.00
F. CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $		
G. CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 31,825

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3

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. AIA Federal PAC 1130 Connecticut Ave. NW Suite 1000 Washington, DC 20036	Federal PAC Primary [ ] General [X] Other (specify)	4/3/00	$5,000.00
B. Steve T. Kuykendall 21311 Hawthorne Blvd, Suite 107 Torrance, CA 90503	House (R-CA-Dist. 36) Primary [ ] General [X] Other (specify)	4/3/00	500.00
C. James Rogan for Congress 1901 E. Chevy Chase Dr.-Suite 100 Glendale, CA 91206	House (R-CA-Dist. 27) Primary [ ] General [X] Other (specify)	4/3/00	1,000.00
D. Weingarten for Congress 56 Main Street, Suite 200 Milburn, NJ 07041	House (NJ-Dist. 7) Primary [X] General [ ] Other (specify)	4/27/00	250.00
E. Gary Ackerman for Congress PO Box 15616 Washington, DC 20003-0616	House (NY-Dist. 5) Primary [X] General [ ] Other (specify)	4/27/00	500.00
F. Jerry Weller for Congress PO Box 15203 Washington DC 20003	House (IL-Dist. 11) Primary [X] General [ ] Other (specify)	4/27/00	1,000.00
G. Peter Fitzgerald for Senate 517 Capitol Court, NE #100 Washington DC 20002	Senate (IL) Primary [ ] General [ ] Other (specify) 2004 campaign	4/27/00	1,000.00
H. James Jeffords for Vermont 517 Capitol Ct, NE - Suite 100 Washington DC 20002	Senate (VT) Primary [X] General [ ] Other (specify)	4/27/00	1,000.00
I. Bill Roth Senate Committee PO Box 1117 Wilmington DE 19807	Senate (DE) Primary [X] General [ ] Other (specify)	4/27/00	500.00

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

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 Friends of Conrad Burns PO Box 70397 Washington, DC 20004	Purpose of Disbursement Senate (MT) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/27/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	11,750.00

FE5AN06A

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER

OTHER DISBURSEMENTS

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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 / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Terrance O'Donnell for Supreme Court 1560 Cedarwood Dr. Westlake, OH 44145	Ohio Supreme Court	4/3/00	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Deborah Cook for Supreme Court P.O. Box 936 Columbus, OH 43216-0936	Ohio Supreme Court	4/3/00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,000.00

FE7AN047

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) 7-31-00
☐	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

8-8-00
DATE PREPARED

(6/2000)