CNA Citizens For Good Government

DONALD M. LOWRY
CHAIRMAN

January 26, 1994

Federal Election Commissioner
999 E Street
Washington, DC 20469

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 July 1, 1993 through December 31, 1993.

Yours very truly,

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 32-W

CITY, STATE and ZIP CODE
Chicago, Illinois 60685

2. FEC IDENTIFICATION NUMBER
C00078827

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 July 1, 1993 through December 31, 1993		
6. (a)	Cash on Hand January 1, 1993		$ 42,821.86
(b)	Cash on Hand at Beginning of Reporting Period	$ 32,577.86	
(c)	Total Receipts (from Line 19)	$ 53,905.00	$ 53,905.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 86,382.86	$ 96,632.86
7.	Total Disbursements (from Line 30)	$ 11,100.00	$ 21,350.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 75,282.86	$ 75,282.86
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
P. E. Dubiel

Signature of Treasurer
P E Dubiel

Date
01-25-94

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)

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 7/1/93 TO 12/31/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	42,400.00	42,400.00
ii. Unitemized	11,025.00	11,025.00
iii. Total (add i and ii) ➤	53,425.00	53,425.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	53,425.00	53,425.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	380.00	380.00
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	53,805.00	53,805.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	53,805.00	53,805.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,100.00	21,350.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,100.00	21,350.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,100.00	21,350.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	53,425.00	53,425.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	53,425.00	53,425.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 121

FOR LINE NUMBER 11

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Phillip Engel, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$500.00
B. Richard Quehl, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify)	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$400.00
C. Donald Everett, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$500.00
D. Anthony Cavatore, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$250.00
E. Donald Long, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$500.00
F. John Sullivan, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$400.00
G. Patricia Huizka, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify)	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/29/93	$400.00

SUBTOTAL of Receipts This Page (optional) $2,950.00

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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FOR LINE NUMBER 11

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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
Carl Friedrich CNA Plaza Chicago, Illinois 60685 Receipt For: 3 ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jon Gerstmeyer CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Skidmore CNA Plaza Chicago, Illinois 60685 Receipt For: 3 ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Boyle CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Grzelinski CNA Plaza Chicago, Illinois 60685 Receipt For: 3 ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$400.00
F. 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, Illinois 60685 Receipt For: 3 ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$250.00
G. 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, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/29/93	$250.00

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

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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FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

CNA Financial Corporation Citizens for Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Taylor, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$400.00
B. David Renze, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$250.00
C. Zoven Kazazian, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$300.00
D. Danielle Barcilon, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$400.00
E. Gregory Foltz, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$250.00
F. Warren Core, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$250.00
G. James Lemmon, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/29/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,100.00

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

9 4 0 3 8 7 5 5 3 2 1

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11

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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
Lew Nathan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Murphy CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Fitzhalloni CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Gaunet CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Sundquist CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$250.00
F. 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, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas DeGutia CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/05/93	$ 250.00

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

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

24 3 8 7 5 3 3 2

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, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$250.00
B. Daniel Bartol, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$250.00
C. David Lambkin, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$250.00
D. John Lochow, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$250.00
E. Joe Wattick, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$500.00
F. Allan Hartmann, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$400.00
G. Rodney Morris, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/05/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,150.00

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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FOR LINE NUMBER 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. Richard Kerr, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00
B. Michael Garner, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$500.00
C. Thomas Stillman, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00
D. Mike McBride, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00
E. Kelvin Hazzard, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00
F. Peter Carroll, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00
G. Richard Dubberke, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/05/93	$250.00

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

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

PAGE 7 OF 21

FOR LINE NUMBER 11

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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
Colin Brummet CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Meeks CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Salava CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$250.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Tim Madden CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$250.00
E. 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, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$400.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ernest Lausier CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/05/93	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James Belobraydic CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	11/12/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,150.00

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

9 4 0 3 8 7 5 3 3 2 5

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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. Robert Mann, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$250.00
B. Thomas Tiner, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$250.00
C. Wayne Smith, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$400.00
D. Roger Buckman, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$250.00
E. David Koester, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$500.00
F. Roy Brown, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$250.00
G. Frank Rinaldi, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/12/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2150.00

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

9 4 0 3 8 7 5 3 3 2 6

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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. Ronald Ventrella, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
B. Randall Hollenbeck, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
C. Louis Francescini, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
D. Thomas Grimes, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
E. Margaret McCoy, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
F. Terance Savage, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$250.00
G. Trudy Schwartz, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	11/12/93	$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

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FOR LINE NUMBER 11

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ramon Wallace CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
B. Andrea Andrus CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
C. Dale Hart CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
D. Elizabeth Sims CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
E. R. E. Riddick CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$400.00
F. James Bradley CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
G. Harold Robin CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00

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

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

9 4 0 3 8 7 5 5 3 2 5

SCHEDULE A

ITEMIZED RECEIPTS

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

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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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paula Hays, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$250.00
B. Dennis Chookaszian, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$500.00
C. Julie Kronzach, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$250.00
D. John Mangan, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$250.00
E. Thomas Donnelly, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$500.00
F. William Kunz, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$250.00
G. Terry Laures, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	11/12/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,250.00

TOTAL This Period (last page this line number only)

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

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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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Karson CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
B. Frank Soricelli CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
C. Frank Waters CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$400.00
D. Fredrick Wise CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00
E. James Mullins CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$400.00
F. Paul Rego CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$400.00
G. Donald Ames CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/12/93	$250.00

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

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

9 4 0 3 8 7 5 3 3 5 0

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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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Himanshu Patel CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$250.00
B. James Eckrich CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$250.00
C. James Lubin CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$250.00
D. Thomas Franzak CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$250.00
E. Ernest Hemesbergo CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$500.00
F. Mark Vonnahme CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$400.00
G. Richard Dechene CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/19/93	$400.00

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

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

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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. Noel Prather CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
B. David Cumming CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$400.00
C. Kim Piersol CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
D. Barry Cordero CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
E. Todd Hogan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
F. Richard Holton CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
G. William Link CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00

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

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

9 4 0 3 8 7 5 3 3 5 2

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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. David Vulbrock, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00
B. Thomas Gill, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$400.00
C. Kathleen Robinson, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00
D. Lyle Marcenand, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00
E. James Cannavan, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00
F. Robert Keith, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00
G. Michael Kooken, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/19/93	$250.00

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

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

9 4 0 3 8 7 5 3 3 3

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. Lynn Dorsey, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
B. David Anderson, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
C. [illegible], CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
D. [illegible], CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
E. [illegible], CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
F. [illegible], CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$250.00
G. Samuel Donnelly, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/19/93	$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

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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. Lawrence Hager CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
B. Gary Johnson CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
C. [illegible] Vanderslice CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
D. John [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
E. [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$400.00
F. [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
G. [illegible] Anderson CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00

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

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

7 4 3 8 7 5 3 3 3 5

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
Larry Young CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
[illegible] CNA Plaza [illegible], Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
[illegible] McKenzie CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
[illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
[illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/19/93	$500.00

SUBTOTAL of Receipts This Page (optional) $2,150.00

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

24 3 3 7 3 3 3 0

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
Von Bruenchenhein CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $	Ongoing	$250.00
B. Full Name, Mailing Address and ZIP Code Brian Sculley CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	$250.00
C. Full Name, Mailing Address and ZIP Code [illegible] CNA Plaza [illegible] 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	[illegible]
D. Full Name, Mailing Address and ZIP Code [illegible] CNA Plaza [illegible] 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	[illegible]
E. Full Name, Mailing Address and ZIP Code [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	$250.00
F. Full Name, Mailing Address and ZIP Code [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	$250.00
G. Full Name, Mailing Address and ZIP Code [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	Ongoing	$250.00

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

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

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kenneth Lauber CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/24/93	$250.00
B. Ralph Verone CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/24/93	$250.00
C. [illegible] CNA Plaza [illegible], Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	[illegible]	$400.00
D. [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	11/20/93	$400.00
E. [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	12/02/93	$250.00
F. Richard Kropp CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	12/02/93	$250.00
G. [illegible] CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $	12/02/93	$250.00

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

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

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

A. Full Name, Mailing Address and ZIP Code Robert Wetzel CNA Plaza Chicago Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer CNA Insurance Companies Occupation Executive Aggregate Year-to-Date > $	Date (month, day, year) 12/14/93	Amount of Each Receipt this Period $250.00
B. Full Name, Mailing Address and ZIP Code Michael Ferguson [illegible] [illegible] 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer CNA Insurance Companies Occupation Executive Aggregate Year-to-Date > $	Date (month, day, year) 12/14/93	Amount of Each Receipt this Period $250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $500.00

TOTAL This Period (last page this line number only) $42,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 18

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brown For Congressional Fund 220 Third Street Elyria, Ohio 44035	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	01/20/93	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of H. W. Fauck 555 Thirteenth Street, NW Washington, D.C. 20001	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	[illegible]	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan Democratic Congressional P.O. Box [illegible] Lansing, Michigan 48901	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	01/27/93	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible]	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	[illegible]	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible] Avenue Chicago, Illinois [illegible]	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	01/29/93	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible] P.O. Box [illegible] Helena, Montana	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02/24/93	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible] P.O. Box [illegible] Alexandria, Virginia	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/19/93	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Partners for Progressive Politics 1345 N. Main Street Chicago, Illinois [illegible]	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/19/93	$5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
[illegible] 85 Fifth Street East St. Paul, Minnesota 55101	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/17/93	$100.00

SUBTOTAL of Disbursements This Page (optional) $10,100.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens for Good Government

A. Full Name, Mailing Address and ZIP Code John Kyl for U.S. Senate 517 2nd Street, NE Washington, D.C. 20007	Purpose of Disbursement Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/17/93	Amount of Each Disbursement This Period $500.00
B. Full Name, Mailing Address and ZIP Code Pomeroy for Congress Committee P.O. Box 7[illegible] Bismarck, North Dakota [illegible]	Purpose of Disbursement Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period $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)	$1,000.00
TOTAL This Period (last page this line number only)	$11,100.00

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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 1-24-94
☐	Registered/Certified Mail	POSTMARKED
☐	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

PREPARER

1-28-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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