CNA

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

CNA Plaza Chicago IL 60685-0001

John J. Sullivan, Jr.
Group Vice President
Corporate Tax Division
Telephone 312-822-7736
Facsimile 312-822-2968

JUL 28 9 47 AM '99

July 27, 1999

Federal Election Commission
999 E Street, NW
Washington, DC 20004

Gentlemen:

Enclosed is a copy of FEC form 3X covering CNA Financial Corporation Citizens for Good Government's receipts and disbursements for the period January 1, 1999 through June 30, 1999.

Sincerely,

John J. Sullivan, Jr.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 28 9 47 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Chicago, IL 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 7/26/99

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

FEC FORM 3X
(revised 9/98)

FE7AN047

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 1/1/99 TO: 6/30/99

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

FETAN047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Katz CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Wallace CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Sehr CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clarice Caithaimer CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Merrick CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephan Bruce CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rowley CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/1/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

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. Richard Quehl CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/1/99	$500.00
B. Michael Henderson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/1/99	$325.00
C. William Adamson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/3/99	$750.00
D. Sendra Beger CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/3/99	$325.00
E. Peter Conway CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/3/99	$750.00
F. Thomas Deyulia CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/3/99	$500.00
G. Philip Engel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/3/99	$750.00

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Harold Teel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/3/99	$325.00
B. David Bochner CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$250.00
C. Randall Brown CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$500.00
D. Judy Delich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$325.00
E. Thomas Gill CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$500.00
F. Peter Goode CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$325.00
G. Paul Hennessy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date $	3/4/99	$325.00

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

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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. Michael Nejman CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/4/99	$325.00
B. Cynthia Traczyk CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/4/99	$300.00
C. James Wright CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/4/99	$325.00
D. Steven Freund CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/4/99	$500.00
E. Danielle Barcilon CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/10/99	$500.00
F. Mark Bartusch CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/10/99	$325.00
G. Karen Campbell CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date $	3/10/99	$325.00

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

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

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

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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
Donald Gillis CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W. Myron Hendry CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Hennessy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Deniel Harper CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter Jokiel CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sherry Kelley CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McCoy Kirkham CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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SCHEDULE A

ITEMIZED RECEIPTS

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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. John Witterbrink CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/10/99	$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 > $	3/11/99	$325.00
C. William Borland CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$500.00
D. Warren Edwards CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
E. Laurie Georgianna CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
F. Glenn Laney CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
G. Marilou McGirr CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Susan McGory CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$500.00
B. Richard Moeller CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
C. Marcia Munn CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
D. Diana Sandlin CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
E. Enid Tamenhaus CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
F. Laurel Ward CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$325.00
G. Chris Borgeson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/11/99	$500.00

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Stone CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Upman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Westman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leroy Lewis CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Froelich CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joel Feldman CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Anderson CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	3/17/99	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $		

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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. Eleanor Barnard CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00
B. Lee Benisek CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00
C. Peter Beresford CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00
D. Susan Goulet CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/9	$325.00
E. B. Hengesbaugh CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$750.00
F. George Hides CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00
G. Mary Ramney CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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FEBAN136

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. LaDawn Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$325.00
B. Ernest Lausier CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/22/99	$750.00
C. David Ballard CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/31/99	$325.00
D. Kevin Battle CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/31/99	$325.00
E. Michael Berkery CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/31/99	$500.00
F. Thomas Burns CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/31/99	$325.00
G. Michael Ferrante CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	3/31/99	$325.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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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. Daniel Bartol CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$300.00
B. Steven Douglass CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$325.00
C. Robert Hides CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$325.00
D. Darlene McKenzie CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$325.00
E. Cathy Sudzuis CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$500.00
F. Thomas Taylor CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/6/99	$750.00
G. Sherry Anderson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $	4/30/99	$325.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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

FE8AN06M

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

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

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	14,325

FEBAN004

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 7/28/99
☐	First Class Mail	POSTMARKED
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☐	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	

BHT	7-28-99
PREPARER	DATE PREPARED

(4/98)