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

CITY, STATE and ZIP CODE
Chicago, Illinois 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

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

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

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

☒ Thirtieth day report following the General Election on Nov. 8 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 10/20/94 through 11/28/94		
6. (a) Cash on Hand January 1, 19 94		$ 75,282.86
(b) Cash on Hand at Beginning of Reporting Period	$ 48,707.86	
(c) Total Receipts (from Line 19)	$ 29,325.00	$ 46,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 78,032.86	$ 122,032.86
7. Total Disbursements (from Line 30)	$ 4,250.00	$ 48,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 73,782.86	$ 73,782.86
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
John J. Sullivan, Jr. Assistant Treasurer

Signature of Treasurer
John J. Sullivan Jr.

Date
11/20/95

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 Gov't

REPORT COVERING PERIOD FROM 10/20/94 TO: 11/28/94

	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)	$21,950.00	$35,500.00	11(a)(i)
ii. Unitemized	7,375.00	$11,250.00	11(a)(ii)
iii. Total (add i and ii) ➤	$29,325.00	$46,750.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	$29,325.00	$46,750.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$29,325.00	$46,750.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$29,325.00	$46,750.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$4,250.00	$48,250.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$4,250.00	$48,250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$4,250.00	$48,250.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$29,325.00	$46,750.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$29,325.00	$46,750.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE4AN103

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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

A. 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 > $ 250.00	10/21/94	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Eiss CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $ 250.00	10/21/94	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Chookaszian CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $ 500.00	10/21/94	$500.00
D. 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 Executive Aggregate Year-to-Date > $ 250.00	10/21/94	$250.00
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: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $ 400.00	10/21/94	$400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jae Wittlich CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $ 500.00	10/21/94	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Linda Silver CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date > $ 250.00	10/21/94	$250.00

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

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 2 OF 11

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. Daniel Bartol, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/21/94	$250.00
B. Robert Mann, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/21/94	$250.00
C. Thomas Stillman, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/28/94	$250.00
D. Harold Ronin, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/28/94	$250.00
E. Michael Ferguson, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/28/94	$250.00
F. Thomas Franzak, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	10/28/94	$250.00
G. William Adamson, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 400.00	11/04/94	$400.00

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

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

9 5 0 3 9 5 9 3 4 3 9

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 11

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
Debra McClenahan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
B. Full Name, Mailing Address and ZIP Code Stephen Ross CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
C. Full Name, Mailing Address and ZIP Code Anthony Saratore CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
D. Full Name, Mailing Address and ZIP Code Margaret McCoy CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
E. Full Name, Mailing Address and ZIP Code Richard Dubberke CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
F. Full Name, Mailing Address and ZIP Code David Stone CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
G. Full Name, Mailing Address and ZIP Code Donald Ames CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/04/94	$250.00

SUBTOTAL of Receipts This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11

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 Garner CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/04/94	$400.00
B. Thomas Gill CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/04/94	$400.00
C. Randall Hollenbeck CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/04/94	$250.00
D. James Ward CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/04/94	$250.00
E. James Belobraydic CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/04/94	$250.00
F. James Canavan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/04/94	$250.00
G. Paula Gdowski CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/04/94	$250.00

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

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 5 OF 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. Peter Iokiel, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 500.00	11/04/94	$500.00
B. Ralph Vuono, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/04/94	$250.00
C. David Bierschied, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
D. William Link, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
E. Gregory Foltz, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
F. Ronald Ventrella, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
G. John Swartz, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00

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

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

9 5 0 3 9 5 9 3 4 4 2

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens for Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Loder, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
B. Richard Holton, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
C. Thomas Tiner, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
D. John Lisk, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 400.00	11/09/94	$400.00
E. Thomas Donnelly, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 500.00	11/09/94	$500.00
F. Laurens Terry, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$250.00
G. Michael Karson, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $ 250.00	11/09/94	$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

PAGE 7 OF 11

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
Andrea Andrus CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/09/94	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Kerr CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/09/94	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Louis Franceschini CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/09/94	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julie Kronbach CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/09/94	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Foley CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$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 Morgan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00
G. 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 > $ 500.00	11/14/94	$500.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11

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
Laurence Hager CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00
B. Full Name, Mailing Address and ZIP Code Richard DeChene CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/14/94	$400.00
C. Full Name, Mailing Address and ZIP Code Lyle Marschand CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00
D. Full Name, Mailing Address and ZIP Code Frank Waters CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/14/94	$400.00
E. Full Name, Mailing Address and ZIP Code Terence Savage CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00
F. Full Name, Mailing Address and ZIP Code David Anderson CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00
G. Full Name, Mailing Address and ZIP Code Frank Soricelli CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/14/94	$250.00

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

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

SCHEDULE A

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 11

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
Bernard Hengesbaugh CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 500.00	11/14/94	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Mullins CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 400.00	11/14/94	$400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Guy Hengesbaugh CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pat Kubera CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 400.00	11/15/94	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Louis Simone CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Todd R. Hogan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David F. Lambkin CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00

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

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

9 5 0 3 9 5 9 3 4 4 6

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 11

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Vonnahme CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/15/94	$400.00
B. Full Name, Mailing Address and ZIP Code Kenneth Lauber CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/15/94	$250.00
C. Full Name, Mailing Address and ZIP Code Paul Rego CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/15/94	$400.00
D. Full Name, Mailing Address and ZIP Code James Capollo CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	11/15/94	$400.00
E. Full Name, Mailing Address and ZIP Code James Donnelly CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/15/94	$250.00
F. Full Name, Mailing Address and ZIP Code John Siewers CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/15/94	$250.00
G. Full Name, Mailing Address and ZIP Code Melvin Hazzard CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	11/15/94	$250.00

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

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

9 5 3 3 9 3 4 7

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11

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
William McGinery CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Hays CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/15/94	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. E. Ruddick CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 400.00	11/15/94	$400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter Carroll CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Executive Aggregate Year-to-Date $ 250.00	11/4/94	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $1,150.00

TOTAL This Period (last page this line number only) $21,950.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE ___ OF ___

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CNA 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. Fox for Congress 36 W. Skippack Pike Broad Axe, Pennsylvania 19002	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
B. People for English P.O. Box 1940 Erie, Pennsylvania 16507	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
C. Ehrlich for Congress 1527 York Road Lutherville, Maryland 21093	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
D. Frank Giglio for Congress 523 Burnham Avenue Calumet City, Illinois 60409	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$250.00
E. Friends of Craig Thomas P.O. Box 1580 Casper, Wyoming 82602	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/29/94	$500.00
F. Myers for Congress 22 West Main Street Danville, Indiana 46122-1704	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
G. Santorum '94 530 Walnut Street Suite 14 Philadelphia, Pennsylvania 19106	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
H. Friends of Jim Inhofe 3035 NW 63rd #201 North Oklahoma City, Oklahoma 73116	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/94	$500.00
I. McIntosh for Congress P.O. Box 2424 Muncie, Indiana 47307	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/7/94	$500.00

SUBTOTAL of Disbursements This Page (optional) $4,250.00

TOTAL This Period (last page this line number only) $4,250.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-24-95
☐	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

SHY.
PREPARER

1-27-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95 0 3 9 5 9 3 7 5 0