REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 11 P 1:47

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 - Corp. 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 7/01/99 through 12/31/99		
6. (a)	Cash on Hand January 1, 19 99		$ 63,329.21
(b)	Cash on Hand at Beginning of Reporting Period	$ 142,229.21	
(c)	Total Receipts (from Line 19)	$ 16,185.00	$ 111,410.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 158,414.21	$ 174,739.21
7.	Total Disbursements (from Line 30)	$ 6,750.00	$ 23,075.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 151,664.21	$ 151,664.21
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 202-694-1100

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: 3/31/00

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 9/99)

FE8AN094

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

(revised 1/1/91)

NAME OF COMMITTEE: CNA Financial Corporation Citizens for Good Government

REPORT COVERING PERIOD FROM 7/1/99 TO: 12/31/99

	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)	$13,075.00	$86,050.00	11(a.i)
ii. Unitemized	3,110.00	25,360.00	11(a.ii)
iii. Total (add i and ii) ➤	$16,185.00	$111,410.00	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) ➤	16,185.00	111,410.00	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) ➤	16,185.00	111,410.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$16,185.00	$111,410.00	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	6,750.00	22,750.00	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		325.00	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) ➤		325.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,750.00	23,075.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,750.00	23,075.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$16,185.00	$111,410.00	32
33. Total Contribution Refunds (from line 28d)		325.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,185.00	111,735.00	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

FE8AN084

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jon Kenfor CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 750.00	7/6/99	$750.00
B. Salley Morey CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	7/6/99	$500.00
C. Carolyn Stoner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	7/6/99	$325.00
D. Ray Strom CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 375.00	7/6/99	$375.00
E. Carol Dubnicki CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 1,000.00	8/4/99	$1,000.00
F. Randall Hollenbeck CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	8/4/99	$325.00
G. William Link CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	8/4/99	$500.00

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

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

FE8AN121

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. Brian Montigney CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	8/4/99	$325.00
B. Jeffrey Moon CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	8/4/99	$500.00
C. Glen Olson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	8/4/99	$325.00
D. Howard Ardolino CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
E. John Lopes CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
F. Brian Boates CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
G. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $		

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

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

FE2AN131

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. Leslie Boughner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500	9/23/99	$500.00
B. Larry Boysen CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
C. Richard Caldera CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
D. John Corcoran CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	9/23/99	$500.00
E. Christopher Depuy CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
F. Laura Greifenkamp CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	9/23/99	$500.00
G. Dale Peacock CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00

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

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

FEBA/V121

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kevin Hogan CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
B. Kirk Johnson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
C. Kenneth Lauber CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
D. Frederick Kist CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	9/23/99	$500.00
E. Russell Madore CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	9/23/99	$325.00
F. Douglas May CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	9/23/99	$500.00
G. James Pfister CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 250.00	9/23/99	$250.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Pontarelli CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	9/23/99	$500.00
B. David Vulbrock CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	9/23/99	$500.00
C. Jay Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325	9/23/99	$325.00
D. Donna Smith CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	9/23/99	$500.00
E. Full Names, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] 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) $13,075.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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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
Dan Burton for Congress PO Box 50593 Indianapolis, IN	Congress (D-6) Indiana Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/7/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson PO Box 16021 Alexandria, VA	Congress (D-8) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/7/99	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frelinghuysen for Congress PO Box 826 Morristown, NJ	Congress (D-11) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/20/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dse for Congress 1212 N. Vernon St. Arlington, VA 22201	Congress (D-3) - California Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/20/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blagojevich for Congress Attn: Fox Associates, Inc. 900 N. Michigan Ave., Suite 2004 Chicago IL 60611	Congress (D-5) Illinois Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/5/99	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALM PAC Corwin Teltschik Treas. 1155 21st St, NW, Suite 300 Washington DC 20036	Congress (D-22) Texas Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/19/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pomeroy for Congress Committee PO Box 75214 Washington, DC 20013-5214	Congress (District at Large) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jack Kingston PO Box 2133 Savannah, GA 31402	Congress (D-2) Georgia Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Franks for U.S. Senate PO Box 497 New Providence, NJ 07974	Senate (D-7) New Jersey Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	1,000.00

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

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

FEBAN12P

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Phelps for Congress 255 Jacob Road. Eldorado, IL 62930	Purpose of Disbursement Congress (D-19) Illinois Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11/16/99	Amount of Each Disbursement This Pe $ 500.00
B. Full Name, Mailing Address and ZIP Code Clay Jr. for Congress 14917 Claude Lane Silver Spring, MD 20905	Purpose of Disbursement Congress (D-1) Missouri Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 12/8/99	Amount of Each Disbursement This Pe 500.00
C. Full Name, Mailing Address and ZIP Code Mike Rogers for Congress PO Box 581 Brighton, MI 48116	Purpose of Disbursement Congress (D-8) Michigan Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 12/21/99	Amount of Each Disbursement This Pe 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Per
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe

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

TOTAL This Period (last page this line number only) $8,250.00

FEBAH131

SCHEDULE B **ITEMIZED DISBURSEMENTS**

VOIDED CHECKS

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

PAGE 1 OF 1

FOR LINE NUMBE

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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 Pe
Friends of John Boehner 7908-1 Cincinnati Dayton Road West Chester, OH 45069	Congress (D-8) Ohio Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	$500.0
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Pe**
Oxley for Congress Box 1998 Findlay, OH 45839	Congress (D-4) OHIO Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	$500.0
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
McCrery for Congress 1900 CNB Tower Shreveport, LA	Congress (D-4) Louisiana Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	$500.0
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Per**
	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 Per**
	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 Per**
	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 Per**
	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 Per**
	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 Per**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $1,500.00

FEBAN121

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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JM IJ
PREPARER

4-11-00
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