# CNA INSURANCE COMPANIES

CNA Plaza, Chicago, Illinois 60685

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 28 11 42 AM '97

July 24, 1997

Federal Election Commissioner
999 E. Street
Washington, DC 20489

Gentlemen:

Enclosed is a copy of FEC form 3X covering CNA Financial Corporation Citizens for Good Government's receipts and disbursements for the period of January 1, 1997 through June 30, 1997.

Yours very truly,

John J. Sullivan, Jr.

Encl.

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 28 11 42 AM '97

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
C00007B287

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 |
|---|---|---|
| 6. Covering Period 1/1/97 through 6/30/97 | | |
| 6. (a) Cash on Hand January 1, 19 97 | | $ 134,919.05 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 134,919.05 | |
| (c) Total Receipts (from Line 19) | $ 47,155.00 | $ 47,155.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 182,074.05 | $ 182,074.05 |
| 7. Total Disbursements (from Line 30) | $ 29,855.84 | $ 29,855.84 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 152,218.21 | $ 152,218.21 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |

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 7/24/97

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 6/93)

FE7RN047

# 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 1/1/97 TO: 6/30/97

| I Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 29,750.00 | 29,750.00 | 11(a)(i) |
| ii. Unitemized | 17,405.00 | 17,405.00 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 47,155.00 | 47,155.00 | 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) ➤ | 47,155.00 | 47,155.00 | 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) ➤ | 47,155.00 | 47,155.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 47,155.00 | 47,155.00 | 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 | 29,550.00 | 29,550.00 | 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 | 125.00 | 125.00 | 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) ➤ | 125.00 | 125.00 | 28(d) |
| 29. Other Disbursements | 180.84 | 180.84 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 29,855.84 | 29,855.84 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | | 31 |
| **III Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 47,155.00 | 47,155.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 125.00 | 125.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 47,030.00 | 47,030.00 | 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 |

FE7AN047

SCHEDULE A

# ITEMIZED RECEIPTS

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

PAGE 1 OF 15

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. DAVE THOMSON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/3/97 | $250.00 |
| B. CLAUDIA BURNS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 1/3/97 | $400.00 |
| C. DARCI BEACOM<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/3/97 | $250.00 |
| D. SCOTT KELLER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/3/97 | $250.00 |
| E. JAMES BRADLEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/3/97 | $250.00 |
| F. JOHN WEHNER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 1/3/97 | $400.00 |
| G. CHARLES RACANSKY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/3/97 | $250.00 |

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

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

FESAN135

SCHEDULE A

ITEMIZED RECEIPTS

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



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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| MICHAEL GARNER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 500.00 | 1/20/97 | $500.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| JACK KETTLER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 500.00 | 1/20/97 | $500.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| R. CHUNG<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 1/20/97 | $250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LYLE MARSCHAND<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 1/20/97 | $250.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MARGARET BERTON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 400.00 | 1/20/97 | $400.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| DAVID WROE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 500.00 | 1/20/97 | $500.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PETER GOODE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 1/20/97 | $250.00 |

SUBTOTAL of Receipts This Page (optional) ..... $2,650.00

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

FE5ANT05

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. L. FRANCESCHINI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 1/27/97 | $250.00 |
| B. R. KEITH<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 1/27/97 | $250.00 |
| C. G. FOLTZ<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 1/27/97 | $250.00 |
| D. W. SHARKEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 500.00 | 1/27/97 | $500.00 |
| E. J. CRUMBLEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 500.00 | 1/27/97 | $500.00 |
| F. C. MURPHY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 500.00 | 1/27/97 | $500.00 |
| G. P. POLACHEK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: Primary General Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 1/31/97 | $250.00 |

SUBTOTAL of Receipts This Page (optional) ..... $2,500.00

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

FESAN135

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 |
|---|---|---|---|
| W. WALLACE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| R. MANN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| M. McDOWELL<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| THOMAS GREASEL<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| S. FREUND<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 1/31/97 | $400.00 |
| A. LURTY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| V. VULBROCK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |

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

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

FEC/AN-35

SCHEDULE A

# ITEMIZED RECEIPTS

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



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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| G. POTTS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| T. MAJEWSKI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $250.00 | 1/31/97 | $250.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| W. HEBERTON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| P. JOKIEL<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 500.00 | 1/31/97 | $500.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| J. HOGG<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 1/31/97 | $400.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SHEILA VANZILE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GARY JOHNSON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |

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

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

FE9AN1.05

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 6 OF 15

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. NAZNEEN RAZI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| B. STEPHEN ROSS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 1/31/97 | $250.00 |
| C. JOHN SIEWERS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 1/31/97 | $400.00 |
| D. T. ROWLEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 2/10/97 | $400.00 |
| E. J. MAGEE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/10/97 | $250.00 |
| F. S. VALENTINE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 2/10/97 | $400.00 |
| G. D. MCELVENNEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/10/97 | $250.00 |

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

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

FE6AN136

**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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. D. SANDLIN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/10/97 | $250.00 |
| B. G. COSCO<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/10/97 | $250.00 |
| C. M. FERRANTE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/10/97 | $250.00 |
| D. J. VON BRUCHHAEUSER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/14/97 | $250.00 |
| E. B. MONTIGNEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/14/97 | $250.00 |
| F. P. DUNDNT<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/14/97 | $250.00 |
| G. T. McDANIEL<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 2/14/97 | $250.00 |

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

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

FE6AN 105

**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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. J. DELICH<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/4/97 | $250.00 |
| B. KIM RILEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/4/97 | $250.00 |
| C. PAUL LENZI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/4/97 | $250.00 |
| D. R. BOSTICK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/4/97 | $250.00 |
| E. H. MENDEZ<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/ 4/97 | $250.00 |
| F. THOMAS BRENNAN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 3/14/97 | $250.00 |
| G. GLENN MATEJA<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 3/14/97 | $400.00 |

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

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

FE60N135

**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 / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| C. SENDRA<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/14/97 | $250.00 |
| M. KLIMCZAK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/14/97 | $250.00 |
| DONALD ALLARD<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 400.00 | 3/14/97 | $400.00 |
| DAVID LAWSON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/24/97 | $250.00 |
| JERRY LOVINGS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/24/97 | $250.00 |
| KAREN FOLEY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 400.00 | 3/24/97 | $400.00 |
| KELVIN HAZZARD<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |

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

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

FE6AN135

**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. LOUIS SIMONE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |
| B. JIM CASIMIR<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |
| C. DAVID MADIGAN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |
| D. STEPHAN BRUCE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 400.00 | 3/28/97 | $400.00 |
| E. STEVEN ZITO<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 400.00 | 3/28/97 | $400.00 |
| F. BRADLEY WILLIAMS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |
| G. WILLIAM LODER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Executive<br>Aggregate Year-to-Date $ 250.00 | 3/28/97 | $250.00 |

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



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. BRIAN BOALES<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 3/28/97 | $250.00 |
| B. JOHN HENNESSY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 3/28/97 | $250.00 |
| C. LOIS GRUBB<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| D. JOHN PIERCE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| E. L. SHOEMAKER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| F. JOHN WEBER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| G. M. OOSTERBAAN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |

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|---|---|
| **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**

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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 FERGUSON<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| B. MICHAEL KOOKEN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 400.00 | 4/11/97 | $400.00 |
| C. EDWARD McCABE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 400.00 | 4/11/97 | $400.00 |
| D. D. ROPELEWSKI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| E. FRED WISE<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| F. L. GRIEFENKAMP<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/11/97 | $250.00 |
| G. SIMMI SINGH<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date: $ 250.00 | 4/18/97 | $250.00 |

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

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

E6AN106

**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. JEFF BOSSART<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| B. KENNETH LAUBER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| C. SANFORD BEARD<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| D. CHRIS DePUY<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| E. PAMELA WROBLESKI<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| F. ALLEN ROSIN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 4/18/97 | $250.00 |
| G. ALAN PRITZ<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 4/18/97 | $400.00 |

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

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

FE6AN135

**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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. WARD JUNGERS<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $400.00 | 4/18/97 | $400.00 |
| B. THOMAS TAYLOR<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 500.00 | 4/18/97 | $500.00 |
| C. DAVID FRIELICH<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 5/1/97 | $400.00 |
| D. KATHLEEN FOSTER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 5/1/97 | $250.00 |
| E. RICHARD BECK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 5/1/97 | $250.00 |
| F. KENNETH COOK<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 5/1/97 | $250.00 |
| G. EVA HOFFMAN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 5/1/97 | $250.00 |

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

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

FEGAN135

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 15 OF 15

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. ROBERT MILLER<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 250.00 | 5/12/97 | $250.00 |
| B. MICHAEL JIBBEN<br>CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 300.00 | 5/12/97 | $300.00 |
| C. CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ | | |
| D. CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ | | |
| E. CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ | | |
| F. CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ | | |
| G. CNA PLAZA<br>CHICAGO, IL 60685<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | CNA INSURANCE COMPANIES<br>Occupation: Executive<br>Aggregate Year-to-Date > $ | | |

SUBTOTAL of Receipts This Page (optional) ..... $550.00

TOTAL This Period (last page this line number only) ..... $29,750.00

FE8AH:35

SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5

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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 |
|---|---|---|---|
| Hill for Congress Committee<br>P.O. Box 1256<br>Helena, MT 59624 | Disbursement for: Primary General Other (specify) | 1/2/97 | $500.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Citizens for Harkin<br>P.O. Box 811<br>Des Moines, IA 50304 | Disbursement for: Primary General Other (specify) | 1/28/97 | $300.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Daniel K. Inouye in '98<br>841 Bishop Street, Suite 1601<br>Honolulu, HI 96813 | Disbursement for: Primary General Other (specify) | 1/29/97 | $1,000.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Missourians for Kit Bond<br>507 Capitol Court NE, #100<br>Washington, DC 20002 | Disbursement for: Primary General Other (specify) | 1/29/97 | $1,000.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Hagel for Nebraska<br>507 Capitol Court NE, #100<br>Washington, DC 20002 | Disbursement for: Primary General Other (specify) | 1/29/97 | $1,000.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Friends of Jerry Solomon<br>P.O. Box 459<br>Saratoga Springs, NY 12866 | Disbursement for: Primary General Other (specify) | 1/29/97 | $1,000.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| APPWP PAC<br>1212 New York Ave, NW, Suite 1250<br>Washington, DC 20005 | Disbursement for: Primary General Other (specify) | 2/11/97 | $1,000.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Hall for Congress Committee<br>P.O. Box 711<br>Rockwall, TX 78087-0711 | Disbursement for: Primary General Other (specify) | 2/20/97 | $500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| The Friends of Senator D'Amato<br>P.O. Box 888<br>Mineola, NY 11501 | Disbursement for: Primary General Other (specify) | 2/20/97 | $1,000.00 |

SUBTOTAL of Disbursements This Page (optional) ..... $7,300.00

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

FE6AND88

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Team Emerson for Jo Ann Emerson<br>P.O. Box 16021<br>Alexandria, VA 22303 | Disbursement for: Primary General Other (specify) | 3/3/97 | $500.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Lazio for Congress<br>4451 Brookfield Corporate Dr., Ste 200<br>Chantilly, VA 20151-1652 | Disbursement for: Primary General Other (specify) | 3/3/97 | $500.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Weller for Congress<br>4451 Brookfield Corporate Dr., Ste 200<br>Chantilly, VA 20151-1652 | Disbursement for: Primary General Other (specify) | 3/3/97 | $500.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Jon Fox for Congress<br>4451 Brookfield Corporate Dr., Ste 200<br>Chantilly, VA 20151-1652 | Disbursement for: Primary General Other (specify) | 3/3/97 | $500.00 |
| **E. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Friends of Farr Committee<br>236 Massachusetts Ave., NE, Ste. 206<br>Washington, DC 20002 | Disbursement for: Primary General Other (specify) | 3/11/97 | $500.00 |
| **F. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| The Richard E. Neal Committee<br>P.O. Box 2884<br>Washington, DC 20013 | Disbursement for: Primary General Other (specify) | 3/11/97 | $500.00 |
| **G. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Hatel for Nebraska<br>507 Capitol Court, NE, #100<br>Washington, DC 20002 | Disbursement for: Primary General Other (specify) | 3/11/97 | $1,000.00 |
| **H. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Boehner for Congress<br>P.O. Box 507<br>West Chester, OH 45071 | Disbursement for: Primary General Other (specify) | 3/26/97 | $500.00 |
| **I. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Volunteers for Shimkus<br>4451Brookfield Corporate Dr., Ste.200<br>Chantilly, VA 20151-1652 | Disbursement for: Primary General Other (specify) | 3/26/97 | $500.00 |

SUBTOTAL of Disbursements This Page (optional) ..... $5,000.00

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

FE6A/089

**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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for: Primary / General / Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Tim Johnson for South Dakota<br>420 C Street, NE<br>Washington, DC 20002 | | 3/26/97 | $1,000.00 |
| B. Citizens for Gilman<br>P.O. Box 3001<br>Middletown, NY 10940 | | 4/7/97 | $500.00 |
| C. Harris Fawell for Congress Committee<br>P.O. Box 3896<br>Naperville, IL 60567 | | 4/7/97 | $750.00 |
| D. Friends of Dick Durbin<br>101 West Grand, Suite 200<br>Chicago, IL 60610 | | 4/14/97 | $4,000.00 |
| E. Ackerman for Congress<br>1645 S. Barton Street<br>Arlington, VA 22204 | | 4/21/97 | $500.00 |
| F. Dan Burton for Congress Committee<br>4451 Brookfield Corporate Dr., Ste.200<br>Chantilly, VA 20151-1652 | | 4/21/97 | $500.00 |
| G. J. D. Hayworth for Congress<br>4451 Brookfield Corporate Dr., Ste.2<br>Chantilly, VA 20151-1652 | | 4/21/97 | $500.00 |
| H. Evan Bayh Committee<br>One North Capitol, Suite 200<br>Indianapolis, IN 46204 | | 4/21/97 | $1,000.00 |
| I. Chris John for Congress Committee, Inc<br>P.O. Box 971<br>Crowley, LA 70527 | | 5/7/97 | $500.00 |

SUBTOTAL of Disbursements This Page (optional) ..... $9,250.00

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

FE6A0060

**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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Nancy Johnson for Congress<br>P.O. Box 1987<br>New Britain, CT 06050 | Disbursement for: Primary General Other (specify) | 5/7/97 | $500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Hutchinson for Senate<br>4451 Brookfield Corporate Dr., Ste.200<br>Chantilly, VA 20151-1652 | Disbursement for: Primary General Other (specify) | 5/7/97 | $1,000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Friends of Roy Blunt<br>P.O. Box 278<br>Strafford, MO 65757 | Disbursement for: Primary General Other (specify) | 5/7/97 | $1,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Friends of Chris Dodd<br>203 C Street, NE<br>Washington, DC 20002 | Disbursement for: Primary General Other (specify) | 5/20/97 | $1,000.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Mike Pappas for Congress<br>3582 Route 22 West<br>Somerville, NJ 08876 | Disbursement for: Primary General Other (specify) | 5/20/97 | $500.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Bliley for Congress<br>P.O. Box 17095<br>Richmond, VA 23226 | Disbursement for: Primary General Other (specify) | 5/29/97 | $1,000.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| The FeedCommittee<br>P.O. Box 8628<br>Cranston, RI 02920 | Disbursement for: Primary General Other (specify) | 5/29/97 | $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 Jennifer Dunn<br>P.O. Box 70513<br>Washington, DC 20024 | Disbursement for: Primary General Other (specify) | 6/3/97 | $500.00 |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Gephardt in Congress<br>530 7th Street, SE, 2nd Floor<br>Washington, DC 20003 | Disbursement for: Primary General Other (specify) | 6/3/97 | $1,000.00 |

SUBTOTAL of Disbursements This Page (optional) ..... $7,000.00

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

FE6A/060

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 5 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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Jeanmarie Criswell<br>CNA Plaza<br>Chicago, IL 60685 | Disbursement for: Primary General<br>X Other (specify) Refund | 6/5/97 | $125.00 |
| B. Friends of Dick Luger<br>P.O. Box 55952<br>Indianapolis, IN 46205 | Disbursement for: Primary General<br>Other (specify) | 6/25/97 | $1,000.00 |
| C. | Disbursement for: Primary General<br>Other (specify) | | |
| D. | Disbursement for: Primary General<br>Other (specify) | | |
| E. | Disbursement for: Primary General<br>Other (specify) | | |
| F. | Disbursement for: Primary General<br>Other (specify) | | |
| G. | Disbursement for: Primary General<br>Other (specify) | | |
| H. | Disbursement for: Primary General<br>Other (specify) | | |
| I. | Disbursement for: Primary General<br>Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional) ..... $1,125.00

TOTAL This Period (last page this line number only) ..... $29,675.00

FE6ANO99

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 7-25-97 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

MAF — PREPARER

7-28-97 — DATE PREPARED

FEC FORM 70-2 (12/92)