REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 29 11 31 AM '98

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
C00007287

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 7/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 19 97		$136,944.05
(b) Cash on Hand at Beginning of Reporting Period	$154,243.21	
(c) Total Receipts (from Line 19)	$121,986.00	$169,141.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$276,229.21	$306,085.05
7. Total Disbursements (from Line 30)	$ 16,875.00	$ 46,730.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$259,354.21	$259,354.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer: John J. Sullivan Jr.

Date: 1/23/98

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)

FE7AN04T

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: 7/1/97 TO: 12/31/97

	COLUMN A Total This Period	COLUMN B Calendar Year	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	90,200.00	119,950.00	11(a)(i)
ii. Unitemized	31,536.00	48,941.00	11(a)(ii)
iii. Total (add i and ii) ➤	121,736.00	168,891.00	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) ➤	121,736.00	168,891.00	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	250.00	250.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Non-Federal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	121,986.00	169,141.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	121,986.00	169,141.00	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,250.00	45,800.00	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	625.00	750.00	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) ➤	625.00	750.00	28(d)
29. Other Disbursements		180.84	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,875.00	46,730.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,875.00	46,730.84	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	121,736.00	168,891.00	32
33. Total Contribution Refunds (from line 28d)	625.00	750.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	121,111.00	168,141.00	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

FE7AN04T

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 33

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
CITIZENS FOR FITZGERALD P.O. Box 541 PALATINE, IL 60078-0541 Receipt For: ☐ Primary ☐ General ☑ Other (specify): REFUND		8/5/97	$250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

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

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

FE7AN047

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. BENNETT CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	7/21/97	$250.00
B. Full Name, Mailing Address and ZIP Code C. PIERCE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $250.00	7/21/97	$250.00
C. Full Name, Mailing Address and ZIP Code L. BOYSEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/5/97	$325.00
D. Full Name, Mailing Address and ZIP Code A. SARATORE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00
E. Full Name, Mailing Address and ZIP Code G. MATEJA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $400.00	11/5/97	$400.00
F. Full Name, Mailing Address and ZIP Code T. ROWLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00
G. Full Name, Mailing Address and ZIP Code W. LINK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00

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

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FE6AN12B

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. WICCZEK CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. HOURIHAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. MURPHY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $750.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. SKORUBSKAS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. LOWRY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. CORDEIRO CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. ENGEL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/5/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $750.00		

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. GDOWSKI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/5/97	325.00
B. Full Name, Mailing Address and ZIP Code A. TOCKLIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $925.00	11/5/97	$925.00
C. Full Name, Mailing Address and ZIP Code H. GIASSPIEGEL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00
D. Full Name, Mailing Address and ZIP Code J. PORTER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/5/97	$325.00
E. Full Name, Mailing Address and ZIP Code F. KIST CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00
F. Full Name, Mailing Address and ZIP Code M. ADAMSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $750.00	11/5/97	$750.00
G. Full Name, Mailing Address and ZIP Code M. BERKERY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $500.00	11/5/97	$500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. RENZE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/5/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. DEFREHAS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/5/97	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. HARPER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/5/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. BARTOL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/5/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. CARROLL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/5/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. KEIGER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 350.00	11/5/97	$350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. WILLIAMS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/5/97	$325.00

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

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

FE6AN136

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. JUNGERS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. GREGORIO CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. NIEHUS CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. LEMMON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. SPREHE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. GUGENHEIM CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. LONG CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. GARNER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. BATTLE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. DEYULIA CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. EDIGER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. CHOOKASZIAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. MCSWEENEY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. KATZ CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/11/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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

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

FE8AN138

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. SAMUEL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/11/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. WITTLICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $750.00	11/11/97	$750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. BARCILON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/11/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
E. MICHAELS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/11/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
F. WISE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/11/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W. SMITH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/11/97	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. MCCLUER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/11/97	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. SULLIVAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/11/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. BORGESON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/11/97	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S. FREUND CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/17/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. LARSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/17/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Z. GARZA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/17/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. MADDEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	11/17/97	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S. FOLTZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/17/97	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. C. FRIEDRICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 500.00	11/17/97	$500.00
B. N. NODULMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/17/97	$325.00
C. S. WESTMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/17/97	$325.00
D. A. UYEDA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/17/97	$325.00
E. Z. KAZAZIAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/17/97	$325.00
F. Y. AVICHAI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/17/97	$325.00
G. G. FOLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/17/97	$325.00

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. LEE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. ROBINSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. TAYLOR CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. GROCE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. MADIGAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. DONNELLY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. QUEHL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/17/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive		
	Aggregate Year-to-Date > $ 500.00		

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. PIAGNARELLI CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. HAMANN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. WASHBURN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. KLECKNER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/17/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. ABBOTT CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. STEWART CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/24/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. LAUSIER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive	11/24/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $500.00		

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. DEMPSEY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. STILLMAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. GARNER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. WALLACE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MUELLER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. NEJMAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. GIARRUSSO CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. KANTOR CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. JOKIEL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. MCCLENAHAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. BRUCE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. PETTORINI CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. SHARKEY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. MANSFIELD CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	11/24/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. McCoy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/24/97	$325.00
B. Full Name, Mailing Address and ZIP Code E. SWANSTROM CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
C. Full Name, Mailing Address and ZIP Code W. LOUGHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
D. Full Name, Mailing Address and ZIP Code N. RAZI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
E. Full Name, Mailing Address and ZIP Code S. VALENTIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	11/24/97	$500.00
F. Full Name, Mailing Address and ZIP Code K. Cook CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
G. Full Name, Mailing Address and ZIP Code P. POLACHEK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pritz CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $500.00	11/24/97	$500.00
B. Jackson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00
C. Hollenbeck CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00
D. K. McDowell CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00
E. G. Tippy CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00
F. L. Marshand CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00
G. B. Ludden CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $325.00	11/24/97	$325.00

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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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
B. BOALES CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
B. Full Name, Mailing Address and ZIP Code L. HEBERTON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/24/97	$325.00
C. Full Name, Mailing Address and ZIP Code R. ROGERS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
D. Full Name, Mailing Address and ZIP Code S. MCGORY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $500.00	11/24/97	$500.00
E. Full Name, Mailing Address and ZIP Code E. LEGER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00
F. Full Name, Mailing Address and ZIP Code T. SKIBBA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/24/97	$325.00
G. Full Name, Mailing Address and ZIP Code D. GEBHARDT CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/24/97	$325.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. MacDonald CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/24/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. WHITHOUSE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/24/97	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. HOLTON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	11/24/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. LURTY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/24/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. RITCHIE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/26/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
V. SINKUS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/26/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L. McFADDEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	11/26/97	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
B. HENGESBAUGH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $750.00	11/26/97	$750.00
B. Full Name, Mailing Address and ZIP Code E. HOFMAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
C. Full Name, Mailing Address and ZIP Code T. BEYER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
D. Full Name, Mailing Address and ZIP Code W. CASEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/26/97	$325.00
E. Full Name, Mailing Address and ZIP Code R. VUONO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	11/26/97	$325.00
F. Full Name, Mailing Address and ZIP Code W. NAIL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
G. Full Name, Mailing Address and ZIP Code D. ANDERSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 350.00	11/26/97	$350.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. ARIES CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/26/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L. NATHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/26/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. SALTMARSH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
H. RONIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	11/26/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. FITZGERALD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	11/26/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. BROWN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/26/97	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. REKGO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/26/97	$500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. DUBBERKE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. BIERSCHIED CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. KERR CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. WILLIAMS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. KLINGER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/26/97	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. DISIPIO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. POTTS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	11/26/97	$325.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. FROELICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	11/26/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. CAROLLO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	12/3/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. HART CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. KOOKEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	12/3/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. KRONBACH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. MANN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. THOMSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. JOHNSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $ 325.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. GRAHAM CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. THOMPSON CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. FLEISCHNER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. HOLMAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $325.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. HOWARD CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. ROHR CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/3/97	$350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date > $ 350.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. KRUSINSKI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	12/3/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W. MACGINNITIE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 750.00	12/3/97	$750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. LEVY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	12/3/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. VUCVICH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	12/3/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
G. BUSCHE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/3/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. MORRIS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/3/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. CAITHAMER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	12/3/97	$500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. M. OOSERBAAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
B. I. GOLDSTEIN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
C. J. LOPES CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
D. J. BOSSART CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
E. J. MEYER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
F. J. KEPPER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
G. K. GOEBEL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

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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. R. GARCIA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
B. J. ROHRER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	12/3/97	$500.00
C. D. VULBROCK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	12/3/97	$500.00
D. F. SORICELLI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
E. P. WILSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00
F. D. CACCHIONE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	12/3/97	$500.00
G. A. ANDRUS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	12/3/97	$325.00

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

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

FE6AN1-93

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S. GOULET CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $325.00	12/3/97	$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. FLOOD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 750.00	12/3/97	$750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. ROMITO CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $375.00	12/3/97	$375.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W. ROHAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L. BOWLIN CNA PEAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. CARPENTER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S. ROECKER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive Aggregate Year-to-Date > $ 325.00	12/3/97	$325.00

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

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FE8AN100

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L. ALFREE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	12/3/97	$325.00
B. Full Name, Mailing Address and ZIP Code D. ALLARD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 12/3/97	Amount of Each Receipt this Period: $500.00
C. Full Name, Mailing Address and ZIP Code P. BERESFORD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $325.00	Date (month, day, year): 12/3/97	Amount of Each Receipt this Period: $325.00
D. Full Name, Mailing Address and ZIP Code K. CANAVAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	Date (month, day, year): 12/3/97	Amount of Each Receipt this Period: $325.00
E. Full Name, Mailing Address and ZIP Code D. WESTERHOLM CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	Date (month, day, year): 12/5/97	Amount of Each Receipt this Period: $325.00
F. Full Name, Mailing Address and ZIP Code R. VENTRELLA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	Date (month, day, year): 12/5/97	Amount of Each Receipt this Period: $325.00
G. Full Name, Mailing Address and ZIP Code T. GILL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	Date (month, day, year): 12/5/97	Amount of Each Receipt this Period: $500.00

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

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

FE6AN133

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. CASHION CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	12/5/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. KUDERA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	12/5/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W. BORLAND CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/16/97	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. VANGIESON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	12/16/97	$750.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
K. LAUBER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/16/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S. BEGER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	12/16/97	$325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. JOHNSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $500.00	12/16/97	$500.00

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

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

FE8AN135

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. LOVE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. DITTMAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. DYE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. EATLY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. NIEMAN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. MARCHESANI CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES.	12/16/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive. Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. MUNN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. KUBERA CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. RENFRO CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. POSTAL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
E. WOYNICH CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. GERINGER CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $ 325.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
D. STONE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/16/97	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. KEITH CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	12/31/97	$325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		

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

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FEBAN135

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W. EDWARDS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/31/97	$325.00
B. Full Name, Mailing Address and ZIP Code G. WHETNALL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/31/97	$325.00
C. Full Name, Mailing Address and ZIP Code R. CHUNG CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	12/31/97	$325.00
D. Full Name, Mailing Address and ZIP Code P. MUELLER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	12/31/97	$325.00
E. Full Name, Mailing Address and ZIP Code P. CONWAY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 750.00	12/31/97	$750.00
F. Full Name, Mailing Address and ZIP Code J. BRADLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/31/97	$325.00
G. Full Name, Mailing Address and ZIP Code J. HENNESSY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	12/31/97	$325.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. LUSK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $500.00	12/31/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. GIANCY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	12/31/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
P. HAYS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/31/97	$325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. SANDLEN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $325.00	12/31/97	$325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
H. MENDEZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	12/31/97	$325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. COOPER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 500.00	12/31/97	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
T. KNOTT CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Executive $ 325.00	11/24/97	$325.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$90,200.00

FE8AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 Per
A LOT OF PEOPLE SUPPORTING TOM DASCHLE 424 C STREET, NE, 1ST FLOOR WASHINGTON, DC 20002	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/23/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peri
MICA FOR CONGRESS P.O. BOX 181546 CASSELBERRY, FL 32718-1546	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/23/97	$ .500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peri
HASTERT FOR CONGRESS P.O. BOX 625 BATAVIA, IL 60510	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/23/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peric
EWING FOR CONGRESS P.O. BOX 766 PONTIAC, IL 61764	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/23/97	$ 750.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peric
PEASE FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 23302	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/23/97	$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peri
HERGER FOR CONGRESS P.O. BOX 1500 CHICO, CA 95927	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/28/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peric
LATHAM FOR CONGRESS COMMITTEE 4010 FRANCONIA ROAD ALEXANDRIA, VA 22310-2136	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/3/97	$ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peric
FRIENDS OF SENATOR DON NICKLES P.O. BOX 1550 PONCA CITY, OK 74602	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15/907	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Peric
BILL MCCOLLUM FOR CONGRESS C/O EILEEN GILLIGAN 121 NORTH VERNON STREET ARLINGTON, VA 22201	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/23/97	$ 500.00

SUBTOTAL of Disbursements This Page (optional) $6,750.00

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

FE8AN03B

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER P

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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 Per
CRANE FOR CONGRESS COMMITTEE 1100 W. NORTHWEST HIGHWAY PALATINE, IL 60067.	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/30/97	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Peri**
CRANE FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DRIVE,#200 CHANTILLY, VA 20151-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/9/97	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
LAZIO FOR CONGRESS P.O. BOX 5063. BAY SHORE, NY 11706	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/9/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
PAQUIN FOR CONGRESS COMMITTEE 1910 NORTHWEST BLVD, #208 COUER D'ALENE, ID 83814-9819	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/21/97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
GERALD C. "JERRY" WELLER FOR CONGRESS P.O. BOX 687 MORRIS, IL 60450	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/21/97	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
MISSOURIANS FOR KIT BOND 507 CAPITAL COURT, NE, #100 WASHINGTON, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/3/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
EARL POMEROY FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/3/97	$500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
DAN BURTON FOR CONGRESS COMMITTEE P.O. BOX 16021 ALEXANDRIA, VA 22302	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/3/97	$1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Perio**
BROWNBACK FOR U.S. SENATE C/O ANNE EKERN-NRSC 425 SECOND STREET. WASHINGTON, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/3/97	$1,000.00

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

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

FE6AN089

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 Per
DIDRICKSON FOR U.S. SENATE 188 WEST RANDOLPH STREET, SUITE 601 CHICAGO, IL K 60601	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/3/97	$2,500.00
B. 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)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Perc
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Perc
	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 Perc
	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 Perc
	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 Perc
	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 Perc
	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 Perio
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	

FE8AH088

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

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 / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SHAATI CHATTOPADHYAY CNA PLAZA CHICAGO, IL 60685	REFUND FOR CONTRIBUTION MADE TO PAC(LEGAL ALIEN)	12/1/97	$250.00
B. 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
SUNIL K. RAJPAL CNA PLAZA CHICAGO, IL 60685	REFUND FOR CONTRIBUTION MADE TO PAC(LEGAL ALIEN)	12/2/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
GRAHAM SALMON CNA PLAZA CHICAGO, IL 60685	REFUND FOR CONTRIBUTION MADE TO PAC(LEGAL ALIEN)	12/4/97	$125.00
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 Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$625.00
TOTAL This Period (last page this line number only)	$16,875.00

FE8AN009

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 recived.

☐	Hand Delivered	Date of Receipt
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

MVD — PREPARER

1-27-98 — DATE PREPARED

(7/97)