REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 19 A 9:51

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Chicago, IL 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☒ May 20	☐ September 20	☐ January 31

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

☐ Thirtieth day 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 4/1/00 through 4/30/00		$ 151,664.21
6. (a) Cash on Hand January 1, 2000	$ 146,164.21	
(b) Cash on Hand at Beginning of Reporting Period	$ 37,900.00	$ 37,900.00
(c) Total Receipts (from Line 19)	$ 184,064.21	$ 189,564.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,750.00	$ 22,250.00
7. Total Disbursements (from Line 30)	$ 167,314.21	$ 167,314.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ None	
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)		

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: 5/18/00

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: CNA Financial Corporation Citizens for Good Government

REPORT COVERING PERIOD FROM 4/1/00 TO: 4/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	31,825.00	31,825.00	11(a)(i)
i. Itemized (use Schedule A)	6,075.00	6,075.00	11(a)(ii)
ii. Unitemized	37,900.00	37,900.00	11(a)(iii)
iii. Total ... (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	37,900.00	37,900.00	11(d)
d. Total Contributions ... (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	37,900.00	37,900.00	20
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	37,900.00	37,900.00	
II. Disbursements			
21. Operating Expenditures:			21(a)(i)
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(ii)
i. Federal Share			21(b)
ii. Non-Federal Share			21(c)
b. Other Federal Operating Expenditures			22
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤			23
22. Transfers to Affiliated/Other Party Committees			24
23. Contributions to Federal Candidates/Committees and Other Political Committees			25
24. Independent Expenditures (use Schedule E)			26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			27
26. Loan Repayments Made			28(a)
27. Loans Made	6,750.00	12,250.00	28(b)
28. Refunds of Contributions To:			28(c)
a. Individuals/Persons Other Than Political Committees	5,000.00	5,000.00	28(d)
b. Political Party Committees			29
c. Other Political Committees (such as PACs) ... (add a, b and c) ➤	5,000.00	5,000.00	30
d. Total Contribution Refunds	16,750.00	22,250.00	31
29. Other Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,750.00	22,250.00	
30. Total Disbursements ... (subtract line 21 a ii from line 30) ➤			
31. Total Federal Disbursements			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	0	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
... (subtract line 36 from 35) ➤			37

FE84N135

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
(1) A. Full Name, Mailing Address and ZIP Code Eleanor Bernard 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	4/5/00	325.00
B. Full Name, Mailing Address and ZIP Code John Beelman 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	4/5/00	325.00
C. Full Name, Mailing Address and ZIP Code Leslie Boughner 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	4/5/00	500.00
D. Full Name, Mailing Address and ZIP Code Larry Bowlin 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	4/5/00	500.00
E. Full Name, Mailing Address and ZIP Code Karen Danielewicz 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	4/5/00	325.00
F. Full Name, Mailing Address and ZIP Code Terry Colburn 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	4/5/00	325.00
G. Full Name, Mailing Address and ZIP Code James Flood 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	4/5/00	500.00
SUBTOTAL of Receipts This Page (optional)			1500

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CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Herberton CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 325.00		
B. Dawn Saffray CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 325.00		
C. William Luder CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 325.00		
D. Debra McClenchan CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
E. Marty Oosterbaan CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
F. Mary Ranney CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	325.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 325.00		
G. Fred Wise CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	4/5/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) 2500

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. Jac Wittlich CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
B. William Adamson CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00
C. Mary Biershied 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	4/5/00	325.00
D. William Barlow 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	4/5/00	500.00
E. Barry Cordeiro 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	4/5/00	500.00
F. Raymond Cyborski 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	4/5/00	500.00
G. Robert Deutsch CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 750.00	4/5/00	750.00

SUBTOTAL of Receipts This Page (optional) 4,075

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Deyulia 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	4/5/00	500.00
B. Tom Doyle 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	4/5/00	325.00
C. Tom Duffy 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	4/5/00	500.00
D. Connie Eggleston 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	4/5/00	325.00
E. Brian Flanagan 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	4/5/00	325.00
F. Steven Freund 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	4/5/00	500.00
G. Mike Gensler 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	4/5/00	500.00
			2975

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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. Laura Greifenkamp, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. Bernie Hengesbaugh, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Paul Hennessy, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
D. Gary Johnson, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
E. Tom Kantor, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 750.00		
F. Jeffrey Katz, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
G. Roy Kleckner, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
			3725

Total This Page (optional) .....

SCHEDULE A

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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. Karla Mansfield, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
B. Michael McGavick, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 750.00		
C. David McSweeney, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 500.00		
D. Stephen Menke, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
E. Heidi Wiemann, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
F. Norman Nodulman, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
G. John Porter, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 2875

SCHEDULE A

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Guehl CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	4/5/00	500.00
B. Randy Rutland CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/5/00	325.00
C. Judy Samuel CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/5/00	325.00
D. Tim Saltman CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/5/00	325.00
E. Lisa Sehr CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/5/00	325.00 1000
(2) F. Andrew Shapiro CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/5/00	325.00
G. John Sullivan CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	4/5/00	500.00
			2625

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Upman, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
B. Stephen Westman, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
C. Joel Feldman, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
D. Pamela Dempsey, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/5/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
E. Sherry Anderson, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		
F. Patrick Cannassa, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/11/00	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00		
G. Michael Ferrante, CNA PLAZA, CHICAGO, IL 60685	CNA INSURANCE COMPANIES / EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 325.00		

SUBTOTAL of Receipts This Page (optional) 2425

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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. Laurie Georgiakis CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
B. Thomas Gill CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	4/11/00	500.00
C. Roger Graham CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 500.00	4/11/00	500.00
D. Steven Groce CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
E. Audrey Hanchar CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
F. Dennis Hemme CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
G. Timothy Knott CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00

SUBTOTAL of Receipts This Page (optional) 2025

(line number only) .....

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. Thomas Kocaj CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
B. Kevin Krzeminski CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. James Meyer CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
D. Paul Mueller CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
E. Lance Nogle CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 325.00		
F. Gary Owcar CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Thomas Rowley CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES EXECUTIVE	4/11/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... > 3125

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11

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. Raymond Strom CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 375.00	4/11/00	375.00
B. Bradley Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
C. Jay Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	4/11/00	325.00
D. Rex Wolf CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 250.00	4/11/00	250.00
E. Christopher Borgeson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	4/11/00	500.00
F. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1775

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. AIA Federal PAC 1130 Connecticut Ave. NW - Suite 1000 Washington, DC 20036	Federal PAC Primary [ ] General [X] Other (specify)	4/3/00	$5,000.00
B. Steve T. Kuykendall 21311 Hawthorne Blvd., Suite 107 Torrance, CA 90503	Congress (R-CA-Dist. 36) Primary [ ] General [X] Other (specify)	4/3/00	500.00
C. James Rogan for Congress 1461 E. Chevy Chase Dr. - Suite 100 Glendale, CA 91206	Congress (R-CA-Dist. 27) Primary [ ] General [X] Other (specify)	4/3/00	1,000.00
D. Weingarten for Congress 56 Main Street, Suite 200 Milburn, NJ 07041	Congress (NJ - Dist. 7) Primary [X] General [ ] Other (specify)	4/27/00	250.00
E. Gary Ackerman for Congress PO Box 15616 Washington, DC 20003-0616	Congress (NY-Dist. 5) Primary [X] General [ ] Other (specify)	4/27/00	500.00
F. Jerry Weller for Congress PO Box 15283 Washington, DC 20003	Congress (IL - Dist. 11) Primary [X] General [ ] Other (specify)	4/27/00	1,000.00
G. Peter Fitzgerald for Senate 507 Capitol Court, NE #100 Washington, DC 20002	Senate (IL) Primary [ ] General [ ] Other (specify) 2004 campaign	4/27/00	1,000.00
H. James Jeffords for Vermont 507 Capitol Ct., NE - Suite 100 Washington, DC 20002	Senate (VT) Primary [X] General [ ] Other (specify)	4/27/00	1,000.00
I. Bill Roth Senate Committee PO Box 105 Wilmington, DE 19899	Senate (DE) Primary [X] General [ ] Other (specify)	4/27/00	500.00

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

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

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 Friends of Conrad Burns PO Box 70397 Washington, DC 20004	Purpose of Disbursement Senate (MT) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/27/00	Amount of Each Disbursement This Period 1,000.00
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
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
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) .....

TOTAL This Period (last page this line number only) 11,750.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OTHER 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 Terrance O'Donnell for Supreme Court 1560 Cedarwood Dr. Westlake, OH 44145	Purpose of Disbursement Ohio Supreme Court Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 4/3/00	Amount of Each Disbursement This Period $2,500.00
B. Full Name, Mailing Address and ZIP Code Deborah Cook for Supreme Court P.O. Box 936 Columbus, OH 43216-0936	Purpose of Disbursement Ohio Supreme Court Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 4/3/00	Amount of Each Disbursement This Period 2,500.00
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
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)	
TOTAL This Period (last page this line number only)	5,000.00

FEC/A/047

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 5-19-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

5-19-02
DATE PREPARED

(4/98)