CNA Citizens For Good Government

DONALD M. LOWRY
CHAIRMAN

DONALD E. AMES
EXECUTIVE DIRECTOR

JAN 29 2 46 PM '96

January 25, 1996

Federal Election Commissioner
999 E. Street
Washington, DC 20489

Gentlemen:

Enclosed is a copy of FEC form 3X covering CNA Financial Corporation Citizens for Good Government's receipts and disbursements for the period of July 1, 1995 through December 31, 1995.

Yours very truly,

John J. Sullivan, Jr.

Encl.

9 6 0 3 0 1 8 3 8 1 2

CNA Plaza Chicago, Illinois 60685

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street) ☐ Check if different than previously reported
CNA PLAZA - CORPORATE TAX (24S)

CITY, STATE and ZIP CODE
CHICAGO, ILLINOIS 60685

JAN 29 2 45 PM '96

2. FEC IDENTIFICATION NUMBER
C0007827

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 7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 81,257.86
(b) Cash on Hand at Beginning of Reporting Period	$ 81,722.86	
(c) Total Receipts (from Line 19)	$ 72,050.00	$ 88,715.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 153,772.86	$ 169,972.86
7. Total Disbursements (from Line 30)	$ 16,000.00	$ 32,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 137,772.86	$ 137,772.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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

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

Type or Print Name of Treasurer: John J. Sullivan, Jr., Assistant Treasurer

Signature of Treasurer: John J. Sullivan, Jr.

Date: 1/25/96

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)

FE5AN068

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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 7/1/95 TO 12/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	51,350.00	62,700.00	11(a)(i)
ii. Unitemized	20,700.00	26,015.00	11(a)(ii)
iii. Total (add i and ii) ➤	72,050.00	88,715.00	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) ➤	72,050.00	88,715.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	72,050.00	88,715.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	72,050.00	88,715.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,000.00	32,200.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,000.00	32,200.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,000.00	32,200.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	72,050.00	88,715.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	72,050.00	88,715.00	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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven Freund CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 400.00	10/19/95	$400.00
B. Debra McClenahan CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	10/19/95	$250.00
C. Michael Garner CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 500.00	10/19/95	$500.00
D. Edward Michaels CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 250.00	10/19/95	$250.00
E. Donald Rycroft CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $ 500.00	10/19/95	$500.00
F. Richard Quehl CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/26/95	$400.00
G. Bruce Sundquist CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/26/95	$250.00

SUBTOTAL of Receipts This Page (optional) > $2,550.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Danielle Barcilon, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$400.00
B. Richard Garner, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$250.00
C. Carolyn Murphy, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$500.00
D. William Adamson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$400.00
E. Lew Nathan, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$250.00
F. James Lemmon, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$250.00
G. James MacDonald, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: CNA Insurance Companies; Occupation: Executive; Aggregate Year-to-Date $	10/20/95	$400.00

SUBTOTAL of Receipts This Page (optional) $2,450.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Skibba, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
B. Judith Whitehouse, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
C. Thomas Grzelinski, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$400.00
D. David Renze, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
E. Diane Sanolin, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
F. Paula Jagla-Gdowski, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
G. Michael Nejman, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00

SUBTOTAL of Receipts This Page (optional)	$1,900.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kevin Battle, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
B. Jae Wittlich, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$500.00
C. Peter Wilson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
D. Loren Shoemaker, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
E. William Loder, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
F. Daniel Bartol, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/26/95	$250.00
G. Robert Miller, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	10/30/95	$250.00

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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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. Kim Piersol, CNA Plaza, Chicago, IL 60685 — Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$250.00
B. Peter Carroll, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$250.00
C. Andrew Carpenter, CNA Plaza, Chicago, IL 60685 — Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$250.00
D. Dennis Chookaszian, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$500.00
E. Anthony F. Saratore, CNA Plaza, Chicago, IL 60685 — Receipt For: ✓ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$250.00
F. F. Kyle Nieman, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$250.00
G. Philip Engel, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive	10/30/95	$500.00

SUBTOTAL of Receipts This Page (optional) $2,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chris Disipio, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/2/95	$250.00
B. Zavan Kazazian, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/2/95	$250.00
C. Jeffrey Katz, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/2/95	$250.00
D. Allan Hamann, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/2/95	$400.00
E. John Sullivan, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	11/2/95	$400.00
F. William Van erslice, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / — Aggregate Year-to-Date $	11/2/95	$250.00
G. Russell Bostick, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / — Aggregate Year-to-Date $	11/2/95	$250.00

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

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Cacchione, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/2/95	$400.00
B. Jonathan Kantor, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/2/95	$400.00
C. Tim Madden, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/2/95	$400.00
D. Donald Ames, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/3/95	$250.00
E. Donald Lowry, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/3/95	$500.00
F. Robert Mann, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/3/95	$250.00
G. Glenn Laney, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Executive	11/3/95	$250.00

SUBTOTAL of Receipts This Page (optional) $2,450.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $	11/3/95	$250.00
B. William Sharkey CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/3/95	$500.00
C. Barbara Niehus CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/3/95	$250.00
D. William Link CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/7/95	$250.00
E. Glenn Mateja CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/7/95	$400.00
F. Wayne Smith CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/7/95	$500.00
G. Richard Kerr CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/7/95	$250.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full): CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Linda Oliver, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/7/95	$250.00
B. Ralph Vuono, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/7/95	$250.00
C. M. Kirkham McCoy, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/7/95	$250.00
D. Andrea Andrus, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
E. Linda Eatly, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
F. Robert Mouelle, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$400.00
G. Thomas Gill, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$400.00

SUBTOTAL of Receipts This Page (optional)	$2,050.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Julie Kronbach, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
B. Virginia Sinkus, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
C. John Foley, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
D. David Anderson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
E. Mary Crumbley, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
F. F. Laurence Hager, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$250.00
G. Ernest Lausier, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/9/95	$400.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Randall Clouser, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/9/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
B. Full Name, Mailing Address and ZIP Code: Dale Hart, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/9/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code: Randall Hollenbeck, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code: R. Paul Rego, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
E. Full Name, Mailing Address and ZIP Code: Harold Ronin, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code: Alan Leclerc, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code: Michael Berkery, CNA Plaza, Chicago, IL 60685	Name of Employer: ; Occupation: Executive	11/13/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Thomas Donnelly, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: William P. Casey, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: R. Larry Alfree, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: Colin Brummet, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: James Donnelly, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: Paul Polachek, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/13/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: Mark Vohnnahme, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Ayo, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
B. James Larson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
C. David Bierschield, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
D. Paula Hays, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
E. Charlotte Sendra, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
F. Laurens Terry, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$250.00
G. Frank Waters, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/14/95	$400.00

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

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

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NAME OF COMMITTEE (in Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: David L. Stone, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: Richard Holton, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: Donald Gillis, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: B. Hengesbaugh, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: James Baloyga, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: Matthew Klimczak, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/14/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: John Mangan, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	11/16/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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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. Thomas Franzak, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$250.00
B. Rima Skorubskas, CNA Plaza, Chicago IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$250.00
C. Jane Larson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$250.00
D. James Carollo, CNA Plaza, Chicago IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$400.00
E. Richard DeChene, CNA Plaza, Chicago IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$250.00
F. John Lusk, CNA Plaza, Chicago IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$400.00
G. Alan Lurty, CNA Plaza, Chicago IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/16/95	$250.00

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

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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. Richard Dabberke, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$250.00
B. Peter Beresford, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$250.00
C. Paul Hourihan, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$400.00
D. Thomas Stillman, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$250.00
E. William Nail, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$250.00
F. Gary Johnson, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$250.00
G. James Floud, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date > $	11/16/95	$500.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jay Williams, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$250.00
B. Peter Jokiel, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$500.00
C. Adrian Tocklin, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$500.00
D. Marcia Munn, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$250.00
E. R.E. Ruddick, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$400.00
F. James Pettorini, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$400.00
G. Robin Maley, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	11/22/95	$250.00

SUBTOTAL of Receipts This Page (optional) $2,550.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Peter Conway CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$400.00
B. J. Von Bruchhauser CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$250.00
C. John Siewers CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$250.00
D. Frank Rinaldi CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$250.00
E. Thomas McDaniel CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$250.00
F. Roger Graham CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	11/22/95	$400.00
G. Robert Epps CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00

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

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

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NAME OF COMMITTEE (in Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Lyle Marschand CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
B. Full Name, Mailing Address and ZIP Code Dirk Vulbrack CNA Plaza Chicago IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
C. Full Name, Mailing Address and ZIP Code Christopher Dye CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
D. Full Name, Mailing Address and ZIP Code Kathleen Roberge CNA Plaza Chicago IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
E. Full Name, Mailing Address and ZIP Code Elizabeth Eiss CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
F. Full Name, Mailing Address and ZIP Code Kenneth Lauber CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$250.00
G. Full Name, Mailing Address and ZIP Code Jack Kettler CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/1/95	$500.00

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

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

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NAME OF COMMITTEE (in Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Richard Krupp, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/1/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: John Hennessy, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/1/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: Pat Kubera, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/1/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: Carolyn Boyle, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/8/95	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: Michael Ferguson, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/8/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: Michael Morchesani, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/8/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: John Heller, CNA Plaza, Chicago, IL 60685	Name of Employer: CNA Insurance Companies; Occupation: Executive	12/8/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $2050.00

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

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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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Kelvin Hazzard CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/8/95	$250.00
B. Full Name, Mailing Address and ZIP Code John Levy CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/8/95	$400.00
C. Full Name, Mailing Address and ZIP Code William Seyboth CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/8/95	$250.00
D. Full Name, Mailing Address and ZIP Code Rita Cooper CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/8/95	$250.00
E. Full Name, Mailing Address and ZIP Code David Cumming CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/8/95	$400.00
F. Full Name, Mailing Address and ZIP Code Robert Keith CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/14/95	$250.00
G. Full Name, Mailing Address and ZIP Code Timothy Mitchell CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	12/14/95	$400.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 22 OF 24

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code James Bradley CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$250.00
B. Full Name, Mailing Address and ZIP Code Floyd Brady CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$500.00
C. Full Name, Mailing Address and ZIP Code Carl Friedrich CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$250.00
D. Full Name, Mailing Address and ZIP Code Thomas Aide CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$250.00
E. Full Name, Mailing Address and ZIP Code Bruce Brodie CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$500.00
F. Full Name, Mailing Address and ZIP Code Gregory Foltz CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$250.00
G. Full Name, Mailing Address and ZIP Code Martin Oosterbaan CNA Plaza Chicago, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date: $	12/21/95	$250.00

SUBTOTAL of Receipts This Page (optional)	$2,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. David Froelich, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/21/95	$400.00
B. David Lawson, CNA Plaza, Chicago IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/21/95	$250.00
C. Allen Uyeda, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/29/95	$250.00
D. Reina Gregorio, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/29/95	$250.00
E. Gregory Foley, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/29/95	$250.00
F. Richard Hicks, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/29/95	$250.00
G. Edward Turner, CNA Plaza, Chicago, IL 60685 — Receipt For: ☑ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	12/29/95	$250.00

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

TOTAL This Period (last page this line number only)

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Philip Broughton, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
B. James Ward, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
C. Michael Ferrante, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
D. Drew Magee, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
E. Glenn Tippy, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
F. Kathleen Foster, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$250.00
G. Thomas Taylor, CNA Plaza, Chicago, IL 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies — Executive — Aggregate Year-to-Date $	12/29/95	$400.00

SUBTOTAL of Receipts This Page (optional)	$1,900.00
TOTAL This Period (last page this line number only)	$51,350.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens for Good Government

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bob Ney for Congress 1212 North Vernon Street Arlington, VA 22201	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/11/95	$500.00
B. Oxley for Congress 1800 K Street, NW, Suite 605 Washington, DC 20009	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/20/95	$1,000.00
C. Bud Shuster for Congress 19 Wilkes Street Alexandria, VA 22314	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/26/95	$1,000.00
D. Laughlin for Congress Committee 5 Westway Court Lake Jackson, TX 78766	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/26/95	$500.00
E. Craig for U.S. Senate Committee P.O. Box 253 Mount Vernon, VA 22121	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/29/95	$1,000.00
F. Royce Campaign Committee 104 North Carolina Ave, SE Washington, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/29/95	$500.00
G. Zimmer for Senate 4451 Brookfield Corporate Dr, Ste. 200 Chantilly, VA 22021-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/29/95	$1,000.00
H. Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20026	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/29/95	$500.00
I. Mike Crapo for Congress Committee P.O. Box 1013 Boise, ID 83701	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/29/95	$500.00

SUBTOTAL of Disbursements This Page (optional) $6,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCrery for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/3/95	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013-5214	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/3/95	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weller for Congress 4451 Brookfield Corporate Dr, Suite 200 Chantilly, VA 22021-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/3/95	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign for Congress Committee 8911 Stafford Springs Dr. Las Vegas, NV 89134	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/95	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bill Zelliff '96 7285 Swan Point Way Columbia, MD 21045	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/95	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/25/95	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley-Braun for U.S. Senate One East Superior, Suite 506 Chicago, IL 60611	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 92 Elec. Debt Retirement	10/30/95	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crane for Congress 4451 Brookfield Corporate Dr, Ste 200 Chantilly, VA 22021-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/9/95	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Boschwitz '96 507 Capitol Court NE #100 Washington, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/9/95	$1,000

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

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NAME OF COMMITTEE (In Full)

CNA Financial Corporation Citizens For Good Government

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Emil Jones for Congress P.O. Box 642417 Chicago, IL 60664-2417	Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	11/9/95	$500.00
B. Full Name, Mailing Address and ZIP Code Ackerman for Congress 7424 Miller Fall Road Derwood, MD 20855	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/9/95	$500.00
C. Full Name, Mailing Address and ZIP Code Nicholson for Senate c/o LaSalle National Bank 120 S. LaSalle Street Chicago, IL 60603	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/27/95	$1,000.00
D. Full Name, Mailing Address and ZIP Code Hall for Congress 102 North Jacinto Rockwell, TX 75087	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/29/95	$500.00
E. Full Name, Mailing Address and ZIP Code Frist 2000 3001 Park Center Dr., Suite 1105 Alexandria, VA 22302	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/29/95	$1,000.00
F. Full Name, Mailing Address and ZIP Code Nancy Johnson for Congress 4451 Brookfield Corporate Dr., Ste. 200 Chantilly, VA 22021-1652	Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Uncashed check	5/2/94	<$500.00>
G. Full Name, Mailing Address and ZIP Code Hutchinson for Senate 115 N. Lee St., Ste. 210 Alexandria, VA 22314	Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Uncashed check	5/19/94	<$500.00>
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	$16,000.00

FE5AN006

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-24-96
☐	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

JMH
PREPARER

1-29-96
DATE PREPARED

FEC FORM 70-2 (12/92)

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