REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -2 P 1:34

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
C00007 8287

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

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

Signature of Treasurer: John J. Sullivan Jr.

Date: 1/11/00

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)

FE8NP21

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

(revised 1/1/91)

NAME OF COMMITTEE
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

REPORT COVERING PERIOD FROM 1/1/97 TO: 6/30/97

	COLUMN A Year/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)	29,750.00	29,750.00	11(a)(i)
ii. Unitemized	17,405.00	17,405.00	11(a)(ii)
iii. Total (add i and ii) ➤	47,155.00	47,155.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	47,155.00	47,155.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	47,155.00	47,155.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	47,155.00	47,155.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,550.00	29,550.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	125.00	125.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	125.00	125.00	28(d)
29. Other Disbursements	180.84	180.84	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	29,855.84	29,855.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	47,155.00	47,155.00	32
33. Total Contribution Refunds (from line 28d)	125.00	125.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	47,030.00	47,030.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE7AN047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBE

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DAVE THOMSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/3/97	$250.00
B. CLAUDIA BURNS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/3/97	$400.00
C. DARCI BEACOM CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/3/97	$250.00
D. SCOTT KELLER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/3/97	$250.00
E. JAMES BRADLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/3/97	$250.00
F. JOHN WEHNER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/3/97	$400.00
G. CHARLES RACANSKY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/3/97	$250.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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

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
L. FRANCESCHINI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/27/97	$250.00
R. KEITH CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/27/97	$250.00
G. FOLTZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/27/97	$250.00
W. SHARKEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	1/27/97	$500.00
J. CRUMBLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	1/27/97	$500.00
C. MURPHY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	1/27/97	$500.00
P. POLACHEK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/31/97	$250.00

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

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W. WALLACE CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. MANN CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M. McDOWELL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS CREASEL CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. FREUND CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LURTY CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
V. VULBROCK CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES Executive	1/31/97	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		

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

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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. G. POTTS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/31/97	$250.00
B. T. MAJEWSKI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $250.00	1/31/97	$250.00
C. W. HEBERTON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $250.00	1/31/97	$250.00
D. P. JOKIEL CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	1/31/97	$500.00
E. J. HOGG CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $400.00	1/31/97	$400.00
F. SHEILA VANZILE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $250.00	1/31/97	$250.00
G. GARY JOHNSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/31/97	$250.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
NAZNEEN RAZI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/31/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN ROSS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	1/31/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SIEWERS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	1/31/97	$400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
T. ROWLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	2/10/97	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. MAGEE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	2/10/97	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. VALENTINE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	2/10/97	$400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. MCELVENNEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	2/10/97	$250.00

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

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

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

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

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

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

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

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

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. C. SENDRA CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/14/97	$250.00
B. M. KLIMCZAK CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/14/97	$250.00
C. DONALD ALLARD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	3/14/97	$400.00
D. DAVID LAWSON CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/14/97	$250.00
E. JERRY LOVINGS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/24/97	$250.00
F. KAREN FOLEY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	3/24/97	$400.00
G. KELVIN HAZZARD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00

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

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

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	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS SIMONE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JIM CASIMIR CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID MADIGAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHAN BRUCE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	3/28/97	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN ZITU CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	3/28/97	$400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY WILLIAMS CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM LODER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00

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

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

FEC Form 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BRIAN BOALES CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HENNESSY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	3/28/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOIS GRUBB CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/11/97	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PIERCE CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/11/97	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
L. SHOEMAKER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/11/97	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN WEBER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/11/97	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M. OOSTERBAAN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/11/97	$250.00

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

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

FE6AN138

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

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

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

TEBAN135

SCHEDULE A

ITEMIZED RECEIPTS

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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
JEFF BOSSART CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
KENNETH LAUDER CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
SANFORD BEARD CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
CHRIS DePUY CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
PAMELA WROBLESKI CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
ALLEN ROSIN CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	4/18/97	$250.00
ALAN PRITZ CNA PLAZA CHICAGO, IL 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 400.00	4/18/97	$400.00

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

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

FE6AN136

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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

P86AN135

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

SUBTOTAL of Receipts This Page (optional) $550.00

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

FE6AN136

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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

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

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

FE8AN069

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

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

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

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

FE6AN058

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

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

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

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

FE8AR06B

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Johnson for Congress P.O. Box 1987 New Britain, CT 06050	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/7/97	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hutchinson for Senate 4451 Brockfield Corporate Dr., Ste.200 Chantilly, VA 20151-1652	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/7/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/7/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/20/97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Pappas for Congress 3582 Route 22 West Somerville, NJ 08876	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/20/97	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bliley for Congress P.O. Box 17095 Richmond, VA 23226	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/29/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The ReedCommittee P.O. Box 8628 Cranston, RI 02920	Disbursement for: [ ] Primary [ ] General [X] Other (specify) 4th Election Debt Retirement	5/29/97	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/3/97	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress 530 7th Street, SE, 2nd Floor Washington, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/3/97	$1,000.00

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

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

FEC Form 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF

FOR LINE NUMB

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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 P
Jeanmarie Criswell CNA Plaza Chicago, IL 60685	Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Refund	6/5/97	$125.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This P**
Friends of Dick Luger P.O. Box 55952 Indianapolis, IN 46205	Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Primary election in the year 2000	6/25/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This P**
	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 P**
	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 P**
	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 P**
	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 P**
	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 Pe**
	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 Pe**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,125.00
TOTAL This Period (last page this line number only)	$29,675.00

FE8A1009

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
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☐	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	

SA — PREPARER

2/2/00 — DATE PREPARED

(4/98)