CNA Citizens For Good State And Local Government

Oct 31 8 23 AM '94

October 20, 1994

State Board of Elections
1020 South Spring Street
Springfield, IL 62708

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 October 1, 1994 through October 19, 1994.

Yours very truly,

John J. Sullivan, Jr.

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CNA Plaza • Chicago, Illinois 60685

A copy of our report filed with the State Board of Elections and the County Clerk will be available for purchase from the State Board of Elections, Springfield, Illinois, and from the Cook County Clerk, Chicago, Illinois.

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

CITY, STATE and ZIP CODE
Chicago, Illinois 60685

Oct 31 8 23 AM '94

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 Pre-Election (Type of Election) election on Nov. 8th 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 10-01-94 through 10-19-94		
6. (a)	Cash on Hand January 1, 1994		$75,282.86
(b)	Cash on Hand at Beginning of Reporting Period	$51,557.86	
(c)	Total Receipts (from Line 19)	$12,150.00	$17,425.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$63,707.86	$92,707.86
7.	Total Disbursements (from Line 30)	$15,000.00	$44,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$48,707.86	$48,707.86
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~~ CHAIRMAN
~~Peter C. Tolsie~~ DONALD M. LOWRY

Signature of ~~Treasurer~~ CHAIRMAN
[signature]

Date 10-21-94

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 9/83)

FE4AN103

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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 10-01-94 TO: 10-19-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$9,650.00	$13,550.00	11(a)(i)
ii. Unitemized	$2,500.00	$3,875.00	11(a)(ii)
iii. Total (add i and ii) ➤	$12,150.00	$17,425.00	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) ➤	$12,150.00	$17,425.00	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) ➤	$12,150.00	$17,425.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			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	$15,000.00	$44,000.00	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) ➤	$15,000.00	$44,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$15,000.00	$44,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$12,150.00	$17,425.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$12,150.00	$17,425.00	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

FE4AN101

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerard De Vita CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Bycroft CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Quehl CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip Engel CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Sullivan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Salava CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Garner CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date > $	10/04/94	$500.00

SUBTOTAL of Receipts This Page (optional) $2,800.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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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. Rostenkowski For Congress 555 New Jersey Avenue, NW Suite 201 Washington, D.C. 20001	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/12/94	$5,000.00
B. Citizens for Cardiss Collins 3264 Rayburn HOB Washington, D.C. 20515	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$2,500.00
C. Haytaian U.S. Senate '94 2590 Nottingham Way Hamilton Township, NJ 08619	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$5,000.00
D. Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$500.00
E. Chrysler For Congress 8600 Hilton Road Ferndale, MI 48116	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$500.00
F. People for Light Foot Committee P.O. Box 1994 Shenandoah, IA 51601	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$500.00
G. Taylor For Congress P.O. Box 2355 Asheville, NC 28802	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$500.00
H. Alaskans For Don Young 605 West Benson Boulevard Anchorage, AK 99503	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/17/94	$500.00
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $15,000.00

TOTAL This Period (last page this line number only) $15,000.00

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SCHEDULE A

ITEMIZED RECEIPTS

for each category of the Detailed Summary Page

FOR LINE NUMBER 21

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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. Carl Friedrich, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$250.00
B. Kevin Battle, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$250.00
C. John Lochow, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$250.00
D. Carolyn Murphy, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$500.00
E. Thomas Taylor, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$400.00
F. Barbara Niehus, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$250.00
G. Danielle Barcilon, CNA Plaza, Chicago, Illinois 60685 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies / Executive — Aggregate Year-to-Date $	10/04/94	$400.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

for each category of the Detailed Summary Page

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FOR LINE NUMBER 11

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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 Rima Skorubskas CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$250.00
B. Full Name, Mailing Address and ZIP Code Allan Hamann CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$400.00
C. Full Name, Mailing Address and ZIP Code James Lemmon CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$250.00
D. Full Name, Mailing Address and ZIP Code Colin Brummet CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$250.00
E. Full Name, Mailing Address and ZIP Code Paul Hourihan CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$400.00
F. Full Name, Mailing Address and ZIP Code William Vanderslice CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$250.00
G. Full Name, Mailing Address and ZIP Code Daniel Cacchione CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/04/94	$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

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, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$250.00
B. Donald Lowry CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$500.00
C. David Renze CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$250.00
D. Wayne Smith CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$500.00
E. Zuen Kazazian CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$250.00
F. Jack Kettler CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$500.00
G. Rodney P. Morris CNA Plaza Chicago, Illinois 60685 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CNA Insurance Companies Occupation: Executive Aggregate Year-to-Date $	10/13/94	$250.00

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

TOTAL This Period (last page this line number only) $9,650.00

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 10/24/94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

10/21/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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