REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 27 P 12:41

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
CHICAGO, IL 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 63,329.21
(b) Cash on Hand at Beginning of Reporting Period	$ 142,229.21	
(c) Total Receipts (from Line 19)	$ 16,185.00	$ 111,410.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 158,414.21	$ 174,739.21
7. Total Disbursements (from Line 30)	$ 6,750.00	$ 23,075.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 151,664.21	$ 151,664.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

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

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
1/24/00

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)

FEBAN121

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: 7/1/99 TO: 12/31/99

	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)	$13,075.00	$86,050.00	11(a)(i)
ii. Unitemized	3,110.00	25,360.00	11(a)(ii)
iii. Total (add i and ii) ➤	$16,185.00	$111,410.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) ➤	16,185.00	111,410.00	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) ➤	16,185.00	111,410.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$16,185.00	$111,410.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,750.00	22,750.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		325.00	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) ➤		325.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,750.00	23,075.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,750.00	23,075.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$16,185.00	$111,410.00	32
33. Total Contribution Refunds (from line 28d)		325.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,185.00	111,735.00	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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Kantor CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	7/6/99	$750.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Narey CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	7/6/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Stoner CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	7/6/99	$325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Strum CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	7/6/99	$375.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $375.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Dubnicki CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	8/4/99	$1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Hollenbeck CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	8/4/99	$325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wm. Link CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	8/4/99	$500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Executive Aggregate Year-to-Date > $500.00		

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

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: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	8/4/99	$ 325.00
J. Moen CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	8/4/99	$ 500.00
C. Olson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	8/4/99	$ 325.00
H. Ardolino CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
J. Lopes CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
B. Boales CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
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) .....

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. L. Boughner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	9/23/99	$500.00
B. L. Boysen CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
C. R. Caldera CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
D. J. Corcoran CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	9/23/99	$500.00
E. C. Depuy CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00
F. L. Greinfer Kemp CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	9/23/99	$500.00
G. D. Peacock CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$325.00

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

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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
K. Hogan CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
K. Johnson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F. Kist CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	9/23/99	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
K. Lauber CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. Madore CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 325.00	9/23/99	$ 325.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. May CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 500.00	9/23/99	$ 500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. Pfister CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date > $ 250.00	9/23/99	$ 250.00

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

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. T. Pontarelli CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	9/23/99	$ 500.00
B. D. Vulbrock CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	9/23/99	$ 500.00
C. J. Williams CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 325.00	9/23/99	$ 325.00
D. D. Smith CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: Executive Aggregate Year-to-Date: $ 500.00	9/23/99	$ 500.00
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) .....

TOTAL This Period (last page this line number only) $13,075.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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. Dan Burton for Congress PO Box 50593 Indianapolis, IN	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/7/99	$1,000.00
B. Tom Emerson PO Box 16021 Alexandria, VA	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/7/99	500.00
C. Frelinghuysen for Congress PO Box 826 Morristown, NJ	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/20/99	1,000.00
D. Osc for Congress 1212 N. Vernon St. Arlington, VA 22201	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/20/99	1,000.00
E. Blagojevich for Congress Attn: Fort Associates, Inc. 900 N. Michigan Ave., Suite 2004 Chicago, IL 60611	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/5/99	250.00
F. ALM PAC Corwin Teltschik Treas. 1155 21st St., NW, Suite 300 Washington DC 20036	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/19/99	1,000.00
G. Pomeroy for Congress Committee PO Box 75214 Washington, DC 20013-5214	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	500.00
H. Friends of Jack Kingston PO Box 2133 Savannah, GA 31402	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	500.00
I. Bob Franks for U.S. Senate PO Box 497 New Providence, NJ 07974	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	1,000.00

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

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

FEBAN121

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phelps for Congress 255 Jacob Road Eldorado, IL 62930	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/99	$ 500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Clay Jr. for Congress 14917 Claude Lane Silver Spring, MD 20905	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/8/99	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Rogers for Congress PO Box 581 Brighton, MI 48116	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/21/99	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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 Period**
	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 Period**
	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 Period**
	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 Period**
	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 Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $8,250.00

FE8AN121

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER

SCHEDULE B **ITEMIZED DISBURSEMENTS**

VOIDED CHECKS

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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
Friends of John Boehner 7908-1 Cincinnati Dayton Road West Chester, OH 45069	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	<$500.00>
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Oxley for Congress Box 1998 Findlay, OH 45839	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	<500.00>
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
McCrery for Congress 1900 CNB Tower Shreveport, LA	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/23/99	<500.00>
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	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 Period**
	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 Period**
	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 Period**
	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 Period**
	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 Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) ..... <$1,500.00>

FEBAN121

Federal Election Commission

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S.A
PREPARER

1/27/00
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