REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUN 26 A 11: 13

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Chicago, IL 60685

2. FEC IDENTIFICATION NUMBER
C00078287

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

4. TYPE OF REPORT

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

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

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

☐ Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/1/00 through 5/31/00		
6. (a) Cash on Hand January 1, 2000		$ 151,664.21
(b) Cash on Hand at Beginning of Reporting Period	$ 167,314.21	
(c) Total Receipts (from Line 19)	$ 24,525.00	$ 62,425.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 191,839.21	$ 214,089.21
7. Total Disbursements (from Line 30)	$ 1,250.00	$ 23,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 190,589.21	$ 190,589.21
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 202-219-3420

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

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

Signature of Treasurer
John J. Sullivan Jr.

Date
6/16/00

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 9/99)

FE6AN089

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 5/1/00 TO: 5/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,125.00	51,950.00	11(a)(i)
ii. Unitemized	4,400.00	10,475.00	11(a)(ii)
iii. Total (add i and ii) ➤	24,525.00	62,425.00	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) ➤	24,525.00	62,425.00	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) ➤	24,525.00	62,425.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,525.00	62,425.00	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	1,250.00	18,500.00	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		5,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,250.00	23,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,250.00	23,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE8ANF35

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. L.S. Sandra Beger CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
B. Michael Bobrowski CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	5/4/00	500.00
C. John Bandura CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
D. Karen Campbell CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
E. John Cureton CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	5/4/00	500.00
F. Jean Fleischner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
G. Richard Garcia CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Goode CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Myron Hendry CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	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
Fred Kist CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lopes CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph B. Lanuza CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles McGill CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	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
Robert Mavelle CNA PLAZA CHICAGO, IL 60685	CNA INSURANCE COMPANIES	5/4/00	325.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00		

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

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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. Richard Mueller CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
B. Robin Murray CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
C. Dale Peacock CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00
D. Jeffrey Lohrer CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	5/4/00	500.00
E. John Van Becker CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	5/4/00	500.00
F. Alan Pritz CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 500.00	5/4/00	500.00
G. Nazneen Razi CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/4/00	325.00

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

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

FE8AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 7

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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. N. David Robinson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	5/4/00	325.00
B. Damian Sepanik CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	5/4/00	500.00
C. William Seyboth CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	5/4/00	500.00
D. David Stone CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 500.00	5/4/00	500.00
E. Thomas Taylor CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 750.00	5/4/00	750.00
F. Stephen Siemer CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 325.00	5/4/00	325.00
G. Peter Wilson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES Occupation: EXECUTIVE Aggregate Year-to-Date: $ 750.00	5/4/00	750.00

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

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 5 OF 7

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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. Leroy Lewis CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/4/00	325.00
B. Rita Cooper CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	5/4/00	500.00
C. Donna Smitt CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 750.00	5/4/00	750.00
D. John Witten CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $	5/4/00	325.00
E. James Morris CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $	5/4/00	325.00
F. Michael Berkery CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 500.00	5/17/00	500.00
G. Richard Caldera CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/17/00	325.00

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

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FEBAN121

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. Diane Carco CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 300.00	5/17/00	300.00
B. William P. Casey CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00
C. Robert Eshelbrenner CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00
D. Richard Kerr CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00
E. Marianne Kircher CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00
F. Kenneth Lauber CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00
G. Robert Mann CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date > $ 325.00	5/17/00	325.00

SUBTOTAL of Receipts This Page (optional) >

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

FEBAN121

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7

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. Douglas May CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 750.00	5/17/00	750.00
B. Marilou McGirr CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/17/00	325.00
C. Thomas Pontarelli CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 750.00	5/17/00	750.00
D. Joyce Rohon CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/17/00	325.00
E. Helen Merrick CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/30/00	325.00
F. Glen Olson CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/30/00	325.00
G. Sandra Ricketts CNA PLAZA CHICAGO, IL 60685 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CNA INSURANCE COMPANIES EXECUTIVE Aggregate Year-to-Date $ 325.00	5/30/00	325.00

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

TOTAL This Period (last page this line number only) 20,125.00

FERAN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
CNA Financial Corporation Citizens for Good Government

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Re-elect Ed Towns 3600 Clinton Ave Brooklyn, NY 11238	Congress (NY-Dist. 10) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/22/00	500.00
B. Abraham Senate 2000 2655 Evergreen Rd, Suite 220 Southfield, MI 48076	Senate (MI) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	5/22/00	1,000.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

FE8AN06B

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

VOIDED CHECK

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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 Weingarten for Congress 50 Main Street, Suite 200 Milburn NJ 07041	Congress (NJ-Dist. 7) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/27/00	(250.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	(250.00)
TOTAL This Period (last page this line number only)	1250.00

FE6AH105

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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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	

PREPARER

6-26-00
DATE PREPARED

(4/98)