

ALLMERICA FEDERAL POLITICAL ACTION COMMITTEE  
440 Lincoln Street  
Worcester, Massachusetts 01653

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 9 11 23 AM '98

John F. O'Brien, Chairman  
Richard J. Baker, Treasurer  
David C. Portney, Assistant Treasurer  
Elaine D. Marcoux, Assistant Treasurer  
J. Barry May, Member of the Finance Committee

October 5, 1998

Federal Election Commission  
999 E Street, N.W.  
Washington DC 20463

Re: First Allmerica Financial Life Insurance Company  
Federal Political Action Committee  
FEC #C 001-69516

Gentlemen:

Enclosed please find FEC Form 3X, completed on behalf of the above-captioned PAC, for the period from July 1, 1998 through September 30, 1998.

It would be appreciated if acknowledgement of receipt of this Report is made by signing and returning to us a copy of this letter in the enclosed self-addressed envelope.

Sincerely yours,



Richard J. Baker  
Treasurer

RJB:edm  
Enclosures

Certified Mail  
Return Receipt Requested  
ps/tem/fcc

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION

Oct 9 11 23 AM '98

1. NAME OF COMMITTEE (in full)

C00149516 081898 N 248  
RICHARD J BAKER  
FIRST ALLMERICA FINANCIAL LIFE  
INSURANCE COMPANY FEDERAL PAC  
440 LINCOLN STREET  
WORCESTER MA 01653

2. FEC IDENTIFICATION NUMBER

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<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|--------------------|--|-------------------------|---|
| 6. Covering Period | 7/1/98 through 9/30/98   |                         |   |
| 8. (a)             | Cash on Hand January 1, 19 98  |                         | \$ 7,747.72   |
| (b)                | Cash on Hand at Beginning of Reporting Period  | \$ 10,854.83            |   |
| (c)                | Total Receipts (from Line 19)  | \$ 1,315.02             | \$ 12,927.08  |
| (d)                | Subtotal (add Lines 8(b) and 8(c) for Column A and<br>Lines 8(a) and 8(c) for Column B)      | \$ 12,169.85            | \$ 20,674.80  |
| 7.                 | Total Disbursements (from Line 30)   | \$ 2,250.00             | \$ 10,754.95  |
| 6.                 | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))                   | \$ 9,919.85             | \$ 9,919.85   |
| 9.                 | Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D) | \$ -0-                  | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-694-1100 |
| 10.                | Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) | \$ -0-                  |   |

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  
Richard J. Baker

Signature of Treasurer

*Richard J. Baker*

Date

10/5/98

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 6/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE   |   | REPORT COVERING PERIOD        |                           |
|---|---|-------------------------------|---------------------------|
| First Allmerica Financial Life Insurance Company Federal Political Action Committee |   | FROM 7/1/98                   | TO 9/30/98                |
|   |   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |   |                               |                           |
| 11.   | Contributions (other than loans) From:  |                               |                           |
| a.  | Individual/Persons Other Than Political Committees                                    |                               |                           |
| i.  | Itemized (use Schedule A)   | 700.00                        | 10,160.00                 |
| ii.   | Unitemized  | 590.00                        | 2,696.50                  |
| iii.  | Total (add i and ii) >  | 1,290.00                      | 12,856.50                 |
| b.  | Political Party Committees  |                               |                           |
| c.  | Other Political Committees (such as PACs)   |                               |                           |
| d.  | Total Contributions (add a iii, b and c) >  | 1,290.00                      | 12,856.50                 |
| 12.   | Transfers From Affiliated/Other Party Committees                                      |                               |                           |
| 13.   | All Loans Received  |                               |                           |
| 14.   | Loan Repayments Received  |                               |                           |
| 15.   | Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |                               |                           |
| 16.   | Refunds of Contributions Made to Federal Candidates and Other Political Committees    |                               |                           |
| 17.   | Other Federal Receipts (Dividends, Interest, etc.)                                    | 25.02                         | 70.58                     |
| 18.   | Transfers from Nonfederal Account for Joint Activity                                  |                               |                           |
| 19.   | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 1,315.02                      | 12,927.08                 |
| 20.   | Total Federal Receipts (subtract line 18 from line 19) >                              | 1,315.02                      | 12,927.08                 |
| <b>II. Disbursements</b>  |   |                               |                           |
| 21.   | Operating Expenditures:   |                               |                           |
| a.  | Shared Federal/Non-Federal Activity (from Schedule H4)                                |                               |                           |
| i.  | Federal Share   |                               |                           |
| ii.   | Non-Federal Share   |                               | 4.95                      |
| b.  | Other Federal Operating Expenditures  | -0-                           | 4.95                      |
| c.  | Total Operating Expenditures (add a i, a ii, and b) >                                 | -0-                           | 4.95                      |
| 22.   | Transfers to Affiliated/Other Party Committees  |                               |                           |
| 23.   | Contributions to Federal Candidates/Committees and Other Political Committees         | 2,250.00                      | 10,750.00                 |
| 24.   | Independent Expenditures (use Schedule E)   |                               |                           |
| 25.   | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) |                               |                           |
| 26.   | Loan Repayments Made  |                               |                           |
| 27.   | Loans Made  |                               |                           |
| 28.   | Refunds of Contributions To:  |                               |                           |
| a.  | Individuals/Persons Other Than Political Committees                                   |                               |                           |
| b.  | Political Party Committees  |                               |                           |
| c.  | Other Political Committees (such as PACs)   |                               |                           |
| d.  | Total Contribution Refunds (add a, b and c) >   |                               |                           |
| 29.   | Other Disbursements   |                               |                           |
| 30.   | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >                  | 2,250.00                      | 10,754.95                 |
| 31.   | Total Federal Disbursements (subtract line 21 a i from line 30) >                     | 2,250.00                      | 10,754.95                 |
| <b>III. Net Contributions/Operating Expenditures</b>                                |   |                               |                           |
| 32.   | Total Contributions (other than loans) (from line 11d)                                | 1,290.00                      | 12,856.50                 |
| 33.   | Total Contribution Refunds (from line 28d)  | -0-                           | -0-                       |
| 34.   | Net Contributions (other than loans) (subtract line 33 from 32)                       | 1,290.00                      | 12,856.50                 |
| 35.   | Total Federal Operating Expenditures (add 21 a i and 21 b) >                          | -0-                           | 4.95                      |
| 36.   | Offsets to Operating Expenditures (from line 15)                                      | -0-                           | -0-                       |
| 37.   | Net Operating Expenditures (subtract line 36 from 35) >                               | -0-                           | 4.95                      |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 a. 1.

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)**

First Allmerica Financial Life Insurance Company Federal Political Action Committee

| A. Full Name, Mailing Address and ZIP Code<br>James Pudlewski<br>108 G Kings Park Dr.<br>Liverpool NY 13090                            | Name of Employer<br>The Hanover Insurance Company<br><br>Occupation<br>Branch Manager                  | Date (month, day, year)<br>07/01/98 | Amount of Each Receipt this Period<br>200.00 |
|--|--|-------------------------------------|--|
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  |                                     |  |
| Aggregate Year-to-Date > \$ 200.00   |  |                                     |  |
| B. Full Name, Mailing Address and ZIP Code<br>Robert P. Restrepo, Jr.<br>6 Kenmore Road<br>Bloomfield CT 06002                         | Name of Employer<br>Allmerica Property & Casualty Companies, Inc.<br><br>Occupation<br>President & CEO | Date (month, day, year)<br>08/25/98 | Amount of Each Receipt this Period<br>500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  |                                     |  |
| Aggregate Year-to-Date > \$ 500.00   |  |                                     |  |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation   | Date (month, day, year)             | Amount of Each Receipt this Period           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  |                                     |  |
| Aggregate Year-to-Date > \$  |  |                                     |  |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation   | Date (month, day, year)             | Amount of Each Receipt this Period           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  |                                     |  |
| Aggregate Year-to-Date > \$  |  |                                     |  |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation   | Date (month, day, year)             | Amount of Each Receipt this Period           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  |                                     |  |
| Aggregate Year-to-Date > \$  |  |                                     |  |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation   | Date (month, day, year)             | Amount of Each Receipt this Period           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  |                                     |  |
| Aggregate Year-to-Date > \$  |  |                                     |  |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer<br><br>Occupation   | Date (month, day, year)             | Amount of Each Receipt this Period           |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            |  |                                     |  |
| Aggregate Year-to-Date > \$  |  |                                     |  |

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

**TOTAL** This Period (last page this line number only) ..... 700.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)**

First Allmerica Financial Life Insurance Company Federal Political Action Committee

| A. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Matthew J. Amorello<br>P.O. Box 731<br>Worcester MA 01613   | Contribution<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | 08/17/98                | 250.00                                  |
| B. Full Name, Mailing Address and ZIP Code<br>Life PAC<br>1001 Pennsylvania Avenue, N.W.<br>Washington DC 20004 | Purpose of Disbursement<br>Contribution<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | 09/08/98                | 2,000.00                                |
| C. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                            | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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) .....

2,250.00

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.

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>10-5-98                |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>As</i><br>PREPARER   | 10-9-98<br>DATE PREPARED             |