

ALLMERICA FEDERAL POLITICAL ACTION COMMITTEE

**440 Lincoln Street
Worcester, Massachusetts 01653**

RECEIVED
FEDERAL ELECTION
COMMISSION
APR 9 11 29 AM '98

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

April 3, 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 January 1, 1998 through March 31, 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

Richard J. Baker
Treasurer

RJB:edm
Enclosures

Certified Mail
Return Receipt Requested
p011228.00

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) _____
 CO0169516 030498 N 268
 RICHARD J BAKER
 FIRST ALLAMERICA 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)

APR 9 11 30 AM '98

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
6. Covering Period <u>January 1, 1998</u> through <u>March 31, 1998</u>			
6. (a)	Cash on Hand January 1, 1998		\$ 7,747.72
(b)	Cash on Hand at Beginning of Reporting Period	\$ 7,747.72	
(c)	Total Receipts (from Line 1B)	\$ 9,467.71	\$ 9,467.71
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,215.43	\$ 17,215.43
7.	Total Disbursements (from Line 3D)	\$ 3,004.95	\$ 3,004.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,210.48	\$ 14,210.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (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		Date 4/3/98	
Signature of Treasurer <i>Richard J. Baker</i>			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, REG FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
First Allmerica Financial Life Insurance Company Federal Political Action Committee	FROM 1/1/98	TO: 3/31/98
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)	7,575.00	7,575.00
ii. Unitemized	1,876.50	1,876.50
iii. Total (add i and ii) >	9,451.50	9,451.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >		
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.)	16.21	16.21
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,467.71	9,467.71
20. Total Federal Receipts (subtract line 18 from line 19) >	9,467.71	9,467.71
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	4.95	4.95
b. Other Federal Operating Expenditures	4.95	4.95
c. Total Operating Expenditures (add a i, a ii, and b) >	4.95	4.95
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/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, 28d, and 29) >	3,004.95	3,004.95
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,004.95	3,004.95
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,451.50	9,451.50
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,451.50	9,451.50
35. Total Federal Operating Expenditures (add 21 e i and 21 b) >	4.95	4.95
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 35 from 36) >	4.95	4.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER
11 a.i.

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard F. Betzler 36 Piccadilly Way Westboro MA 01581	First Allmerica Financial Life Ins. Co.	03/10/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert E. Bruce 63 Robert Road Stow MA 01775	First Allmerica Financial Life Ins. Co.	03/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & CIO	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark R. Colborn 56 South Lenox street Worcester MA 01602	First Allmerica Financial Life Ins. Co.	02/11/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gail L. Harrison 3601 No. Jefferson Street Arlington VA 22207	Allmerica Financial Corporation	03/26/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Hawley 1 Tory Lane Shrewsbury MA 01545	Allmerica Financial Life Ins. & Annuity Co.	02/20/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Linda Hottin 119 Arrowhead Circle Ashland MA 01721	First Allmerica Financial Life Ins. Co.	03/14/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M Howard Jacobson 46 Powder Hill Way Westboro MA 01581	Allmerica Financial Corporation	03/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2,000.00
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

PAGE 2 OF 3
FOR LINE NUMBER 11 s.i.

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NAME OF COMMITTEE (in Full)
First Allmerica Financial Life Insurance Company Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Johnson 696 Princeton Street Jefferson MA 01522	First Allmerica Financial Life Ins. Co.	03/25/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & Actuary Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Joyce, Jr. 5 Indian Path No. Grafton MA 01536	First Allmerica Financial Life Ins. Co.	02/14/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Second Vice President Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Leif 30 Wiles Farm Road Northboro MA 01532	First Allmerica Financial Life Ins. Co.	03/15/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Urban E. Leimkuhler, Jr. 315 Acorn Lane Southport CT 06490	The Hanover Insurance Company	03/07/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & Actuary Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Murray 81 Atlantic Avenue Cohasset MA 02025	Allmerica Financial Corporation	03/17/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Nunley 6 Old Meetinghouse Road Westboro MA 01581	First Allmerica Financial Life Ins. Co.	03/07/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winifred Rice 43 Granite Street Uxbridge MA 01569	First Allmerica Financial Life Ins. Co.	02/20/98	275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 275.00		

SUBTOTAL of Receipts This Page (optional) 2,225.00

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

PAGE 3 OF 3

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

First Allmerica Financial Life Insurance Company Federal Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Mark G. Steinberg 34 Beech Road Brookline MA 02146</p>	<p>Name of Employer First Allmerica Financial Life Ins. Co.</p>	<p>Date (month, day, year) 02/22/98</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Managing Director</p>	<p>Aggregate Year-to-Date > \$ 2,500.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Herbert M. Varnum 223 West Street Paxton MA 01612</p>	<p>Name of Employer Allmerica Financial Corporation</p>	<p>Date (month, day, year) 03/19/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Director</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Susan H. Watson 7 Olde Connecticut Path Westboro MA 01581</p>	<p>Name of Employer First Allmerica Financial Life Ins. Co.</p>	<p>Date (month, day, year) 03/05/98</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Manager, Client Center</p>	<p>Aggregate Year-to-Date > \$ 350.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Jerome F. Weihs 167 Mendon Road Sutton MA 01590</p>	<p>Name of Employer First Allmerica Financial Life Ins. Co.</p>	<p>Date (month, day, year) 03/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional) 3,350.00

TOTAL This Period (last page this line number only) 7,575.00

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 Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Matthew Amorello P.O. Box 731 Worcester MA 01613	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/98	500.00
B. Full Name, Mailing Address and ZIP Code Alfonse D'Amato 100 Willis Avenue Mineola NY 11501	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/17/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Nancy Johnson P.O. Box 1986 New Britain CT 06050	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Gordon Smith 834 S.W. St. Clair Avenue, Suite 200 Portland OR 97205	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/98	500.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

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 4-6-98
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SA1</i> PREPARER	4-9-98 DATE PREPARED