

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 3
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
First Allmerica Financial Life Insurance Company Federal PAC

Full Name, Mailing Address, and ZIP Code RICHARD E NEAL 38 ATWATER TERRACE SPRINGFIELD MA 01103	Purpose of Disbursement (House - MA - 02)	Date (month, day, year) 06/02/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code E BENJAMIN NELSON 1425 H STREET LINCOLN NE 68508	Purpose of Disbursement (Senate - NE - 00)	Date (month, day, year) 06/02/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	2000.00