

RECEIVED
FEC MAIL
OPERATIONS CENTER**ALLAMERICA FEDERAL POLITICAL ACTION COMMITTEE**440 Lincoln Street
Worcester, Massachusetts 01653

FEB -2 A 11:40

J. Kenneth Huber, Chairman
John L. McDonough, Treasurer
Maureen E. Duffy, Assistant Treasurer

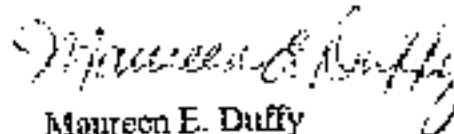
January 30, 2004

Federal Election Commission
999 E Street, N.W.
Washington DC 20463Re: First Allmerica Financial Life Insurance Company
Federal Political Action Committee
FEC #C00169516

Gentlemen:

Enclosed please find FEC Form 3X, completed on behalf of the above-captioned PAC, for the period from July 1, 2003 through December 31, 2003.

Sincerely yours,

Maureen E. Duffy
Assistant TreasurerJLM:med
Enclosure

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 FEB -2 A 11:40

Office Use Only

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FB4M5

FIRST AMERICA FINANCIAL LIFE INSURANCE COMPANY, FEDERAL PAC

ADDRESS (Number and street)

440 LINCOLN STREET

Check if different than previously reported. (ACC)

WORCESTER

MA

01653

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00169515

3. IS THIS REPORT

NEW

OR

AMENDED

4. TYPE OF REPORT (Choose One)

(a) Monthly Report Due On

Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)

May 20 (M5) Jun 20 (M6) Jul 20 (M7)

Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)

Nov 20 (M11) Dec 20 (M12) Jan 31 (YE)

(b) Quarterly Reports:

April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

(c) 12-Day PRE-Election Report for the

Primary (12P) Convention (12C)

General (12G) Special (12S)

Runoff (12R) In the State of

(d) 30 Day POST-Election Report for the

General (30G)

Runoff (30R)

Special (30S) In the State of

5. Covering Period

01/01 through 12/31 2003

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 L. McDonough, Treasurer

Signature of Treasurer

[Handwritten Signature]

Date

01/30/2004

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 (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2002)

Page 2

Write or Type Committee Name

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY FEDERAL PAC

Report Covering the Period: From: 01/01/2003 To: 12/31/2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2003</u> | | 7,035,000.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 6,056,320.00 | |
| (c) Total Receipts (from Line 19) | 1,000,000.00 | 5,000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 7,056,320.00 | 7,035,000.00 |
| 7. Total Disbursements (from Line 21) | 1,030,000.00 | 2,000,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 6,026,320.00 | 5,035,000.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1X)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9590
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST ALLAMERICA FINANCIAL LIFE INSURANCE COMPANY FEDERAL PAC

Report Covering the Period: From 10/1/2002 To 12/31/2002

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) <u>Interest</u> | | |
| 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) | | |
| (b) Levin Funds (from Schedule H5) | | |
| (c) Total Transfers (add 18(a) and 18(b)) | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1306 | 5364 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 106 | 567 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 1,000.00 | 2,000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (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 Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | 300.00 | 600.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 1,300.00 | 2,600.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(iii) and Line 30(a)(ii) from Line 31) | 1,300.00 | 2,600.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE OF | |
| <input type="checkbox"/> 21a | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 29a | <input type="checkbox"/> 29 | <input type="checkbox"/> 30a |

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 PAC

A.

Full Name (Last, First, Middle Initial)
DODD, CHRISTOPHER J.

Date of Disbursement
09 19 2003

Mailing Address
P.O. Box 331133

City
WEST HARTFORD State
CT Zip Code
06133

Purpose of Disbursement
Contribution

Candidate Name
Le D. DeLoach

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **▼**

State: **CT** District: **00**

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **▼**

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **▼**

State: District:

SUBTOTAL of Disbursements This Page (optional) **100,000**

TOTAL This Period (last page this line number only) **24,000**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | |
|---|-----|-----------------------------------|-----|--------------------------|-----|--------------------------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBERS (check only one) | | | | PAGE | OF |
| <input type="checkbox"/> | 21b | <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28 | <input type="checkbox"/> | 29 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c |

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NAME OF COMMITTEE (in Full)
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Buffy, Maureen

Mailing Address 440 Lincoln Street

City Worcester State MA Zip Code 01653

Purpose of Disbursement 2003 Administrative Fee Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 07 / 25 / 2003

Amount of Each Disbursement this Period: 3000.00

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: _____ / _____ / _____

Amount of Each Disbursement this Period: _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: _____ / _____ / _____

Amount of Each Disbursement this Period: _____


SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page the line number only) _____

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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt 2/2/04 |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <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 | |
|  PREPARER | 2/2/04 DATE PREPARED |