

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

Use separate schedule(s) to 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

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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**