

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RON LEWIS PO BOX 307  ELIZABETHTOWN KY 42702	(House - KY - 02)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/02/2000	1000.00
DAVID LEE CAMP 5901 WOODVIEW PASS  MIDLAND MI 48640	(House - MI - 04)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/13/2000	500.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

1500.00